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TRANSACTIONS

One Hundred Fifty-Fifth Annual Meeting

MEDICAL AND CHIRURGICAL FACULTY
of the State of Maryland

1211 Cathedral Street, Baltimore, Maryland

SCIENTIFIC SESSIONS
Tuesday and Wednesday, April 28, and 29, 1953

BUSINESS SESSIONS
April 27, 28, 29, 1953

ALSO
SEMIANNUAL MEETING, SEPTEMBER 12, 1952
BUSINESS AND SCIENTIFIC SESSIONS

FOR COMPLETION OF TRANSACTIONS

The following papers, which were delivered at the Annual Meeting and are part of the 1953 Transactions, will be published in subsequent issues of the Journal: Presidential Address, Dr. Maurice C. Pincoffs, Harvey Grant Beck Memorial Lecture, Dr. T. S. Danowski, and I. Ridgeway Trimble Fund Lecture, Dr. J. S. L. Browne.

The Membership Roster, which is a part of the Transactions, was published in Volume II, No. 5, May 1953.

Scientific Sessions

BLEEDING ESOPHAGEAL VARICES AND THEIR SURGICAL TREATMENT[1]

ROBERT R. LINTON, M.D.[2]

Esophageal varices develop because of a state of portal venous hypertension which is caused by an obstruction to the outflow of the portal blood from the splanchnic area. The portal bed block may be 1) intrahepatic, due to cirrhosis of the liver, or 2) extrahepatic, secondary to thrombosis of the portal vein, seen most commonly in so-called Banti's syndrome, or 3) a combined type of intra and extrahepatic block secondary to cirrhosis of the liver and thrombosis of the portal vein. The esophageal varices are large venous collateral channels, through which some of the portal blood is shunted into the systemic venous system by way of the azygos and hemiazygos systems of veins. Unfortunately, these communications between the portal and systemic venous systems are not sufficiently large to shunt enough portal venous blood, so that a state of portal venous hypertension develops. As a result of this high portal venous pressure, many of the tributaries of the portal vein, including the submucous veins of the stomach, become greatly distended. These connect directly with the submucous plexus of veins in the esophagus through the cardio-esophageal junction. The appearance of them in the living is almost identical with large internal hemorrhoids of the anal canal. Esophageal varices, when present, are a constant and serious threat to a patient's life, since many individuals have succumbed due to exsanguinating hemorrhage from rupture of them. The cause of the rupture has never been satisfactorily explained. Even though the varices may extend the entire length of the esophagus, the point of rupture is invariably within a few centimeters of the cardio-esophageal junction. It seems not improbable that forceful contraction of the crus of the diaphragm, through which the esophagus passes, may in some way traumatize the mucosa, with resulting rupture of the varix.

The following statistics indicate the serious nature of this condition, and the threat to a patient's life that esophageal varices present, especially when they are secondary to cirrhosis of the liver. A recent analysis by Shull (23) of 128 patients, 108 with cirrhosis of the liver, and 20 with the so-called Banti's syndrome that were admitted to the Massachusetts General Hospital during the years 1934 to 1945 inclusive, because of bleeding esophageal varices, revealed that 97 or 76 per cent of the patients died from all causes. They were all treated conservatively except in a few instances when splenectomy was done for the so-called Banti's syndrome group. Death from exsanguination, secondary to rupture of the esophageal varices, was the cause of death in 46 or 47 per cent, and in many of the other 51 patients who died, bleeding from these vessels played a major contributory role. A further analysis of these statistics by Shull (23) revealed that in a group of 71 patients with cirrhosis of the liver and bleeding esophageal varices, 16 or 23 per cent had died at the end of one month, 29 or 41 per cent

[1] John M. T. Finney Fund Lecture, Annual Meeting, Medical and Chirurgical Faculty of Maryland, Baltimore, Maryland, Tuesday evening, April 28, 1953.

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after six months, and 38 or 54 per cent at the end of one year; whereas, in 19 patients with the so-called Banti's syndrome only 1 or 5 per cent had succumbed at the end of one year. These figures demonstrate that the massive type of bleeding which occurs in these patients from the esophageal varices is much more serious in patients with cirrhosis of the liver than in the younger age group with Banti's syndrome. Shull also showed from his statistical study that the mortality rate after the diagnosis of esophageal varices had been made in the patients with cirrhosis of the liver, was 50 per cent at the end of one year, and after four years, 78 per cent of the patients had died. The life expectancy in patients with the so-called Banti's syndrome, on the other hand, was much better, since 90 per cent were alive at the end of one year and 70 per cent at the end of four years. He also found that the mortality risk of repeated hemorrhages was very grave in those patients with cirrhosis of the liver. In 66 cases, 11 or 17 per cent of them died following the first hemorrhage, whereas the mortality rate increased to 50 per cent in those who bled for the fourth time. The mortality risk was not nearly so great in 20 cases of Banti's syndrome, even though the patients had repeated hemorrhages. It was between 5 and 10 per cent. All these statistics demonstrate clearly the high mortality rate resulting from bleeding esophageal varices, especially in those patients with cirrhosis of the liver, and the importance of developing some form of treatment to prevent further bleeding from these vessels.

Many surgical procedures have been performed and recommended for the treatment of bleeding esophageal varices. These include interruption of the splenic artery (3, 12), interruption of the hepatic, splenic and left gastric arteries (2, 20), and splenectomy. It was hoped by these procedures to reduce the arterial inflow to the splanchnic area and thereby reduce the portal venous pressure. Although this may occur, the reduction in the portal venous hypertension does not persist, so none of these procedures give lasting benefit; at best, it is only temporary. Two other procedures have been recommended in an attempt to develop a collateral circulation, namely, an omentopexy, the Talma-Morrison (10, 25) operation, and the packing of the superior mediastinum, as recommended by Garlock (24). They have proven to be of little or no benefit. Attempts have also been made to ligate the vessels which were thought to be feeding the esophageal varices, namely by a transabdominal route, suggested by Walters and Rowntree (27), or the transthoracic route, as suggested by Churchill and Sweet (7). Both of these procedures have proven of little or no value, since they interrupt the outflow of blood from the esophageal varices, rather than the inflow to them. A number of procedures have been recommended in which the esophageal varices are attacked directly. The first of these was by an attempt to obliterate them through the use of sclerosing solutions injected under direct vision by esophagoscopy (8, 18). This procedure, unfortunately, has not proved efficacious and has been given up in most clinics. Several surgeons have recommended either a total gastrectomy or an esophagogastrectomy (1, 18, 28) with the purpose of interrupting the large venous channels feeding the esophageal varices. These procedures, perhaps, are worthwhile as a last resort but are not the ideal solution, since they all entail a radical surgical approach and too frequently the patients are in such poor condition they cannot withstand these extensive surgical procedures. A method that has been used in our clinic, which has proved very efficacious as an emergency method of controlling the bleeding esophageal varices, consists of a transthoracic transesophageal suture of the esophageal varices and those in the fundus of the stomach (17). All of these methods are not definitive, in that they do not reduce permanently the portal hypertension, so that it is believed a more effective method must be utilized which will correct this abnormal state, and thereby prevent rupture of the esophageal varices.

The utilization of the by-pass operation by anastomosing some large vessel in the portal venous system, such as the splenic or portal vein, to the systemic venous system, has been found to reduce the portal venous pressure and to yield the most encouraging results in the control of the bleeding from esophageal varices of any method of treatment. Eck (11), in 1877, was the first to construct such a by-pass, or shunt operation, by anastomosing the portal vein to the inferior vena cava in experimental animals. Various attempts were made in the years thereafter to construct such an anastomosis in the human patient, but only two successful ones were recorded in the literature according to Whipple (29), until 1945, when Whipple and Blakemore (4) reported their encouraging results. Since then many successful shunt procedures have been performed in various clinics (5, 16), demonstrating the value of this method of treatment. There are few surgical procedures that are performed today which equal in magnitude the construction of a portacaval shunt, whether it be a splenectomy with a splenorenal anastomosis, or a direct portal vein-to-inferior vena cava type. In an occasional case the procedure will be relatively simple, but in the majority it is a long and tedious operation, which taxes both the surgeon and the patient. It is an operation that should never be done as an emergency procedure, because of its magnitude. For this reason the number of patients that it has been possible to perform these procedures upon have been limited to a great extent. As evidence of this, the following statistics were collected at the Massachusetts General Hospital, for the period from 1946 to 1950 inclusive. During this five-year period 99 patients were admitted to the Massachusetts General Hospital because of cirrhosis of the liver. In this group of patients portacaval shunts were performed in 33 or 33 per cent of them, and in 66 or 67 per cent, no surgical procedure was carried out. This was due in large part to the fact that 38 or 58 per cent of the latter group died while in the hospital, and of utmost importance is the fact that hemorrhage from the esophageal varices played a major role in the deaths of 32 or 84 per cent of these 38 patients. A further analysis revealed that exsanguination was the chief cause of death in 23, or 72 per cent of them, and in the other 9 or 28 per cent of the patients, death was due to liver failure; in 4 of them definitely brought on by massive hemorrhage. In the other 5 minor hemorrhage undoubtedly contributed to the liver failure. From these statistics it is obvious that in order to save the lives of many of these patients, it is necessary that an emergency method of controlling the bleeding esophageal varices at the time of acute hemorrhage should be developed.

Emergency Treatment of Bleeding Esophageal Varices

None of the operative procedures that have been described above, except the direct suture of the bleeding esophageal varices through a transthoracic and transesophageal exposure, can be performed safely, because of the high mortality rate that the more major procedures carry, and the ineffectiveness of controlling the bleeding by the less radical ones. Because the hemorrhage is frequently so massive, and the patients are in shock on arrival at the hospital, due to the large loss of blood, it is necessary to use some method to temporarily control the bleeding in order to restore the circulating blood volume to normal by multiple transfusions so that this operative procedure can be safely performed. Temporary control of the bleeding vessels has been obtained, utilizing cardio-esophageal tamponade, as advocated by Rowntree et al. (21), and Sengestaken and Blakemore (22). Blakemore has recommended utilizing this method of control for prolonged periods, but in our experience the bleeding too frequently begins again after removing the tamponade. It is our rule now to proceed with the transesophageal suture of the esophageal varices if it is necessary to resort to cardio-esophageal tamponade to control the hemorrhage. Our method is to insert a two-lumen tube into the stomach with a balloon connected

with one of the lumens, which can be inflated after placing it in the stomach. The balloon is then impinged at the cardio-esophageal junction by drawing the tube outward, and maintaining two pounds of traction on the end of it. It is possible in this way to control immediately, this severe type of hemorrhage, because the flow of blood into the esophageal veins is from the large submucous venous plexuses of the stomach. Even though the actual rupture site of the varix may be 4 to 5 centimeters above the cardio-esophageal junction, and is not pressed upon by the balloon, the bleeding can be controlled. The demonstration of a small opening about 1 to 2 millimeters in diameter in an esophageal varix that lay 5 or 6 centimeters above the cardio-esophageal junction, from which one of our patients died from exsanguination and who had been treated with the balloon tube on several occasions because of repeated hematemesis, and who never could be gotten into a satisfactory condition for a shunt procedure, was convincing evidence that a direct surgical attack on these bleeding varices at the time of hemorrhage might save such a patient's life.

Boerema (6) and Crile (9) have described this direct approach to the esophageal varices, but have recommended this procedure as a definitive operation, rather than one to control the bleeding at the time of hemorrhage. It seems doubtful that it will do this, since it in no way affects the state of portal hypertension. It is our opinion, however, that it is a lifesaving procedure at the time of acute hemorrhage. The patient is anesthetized with the balloon tube still in place, first by cocainizing the throat and larynx and then inserting a tracheal tube with an inflatable rubber cuff, which is distended to prevent aspiration of blood during the induction of the anesthesia, and also while the operation is being performed. The anesthetic of choice is cyclopropane in the patient with cirrhosis of the liver, although ether may also be used. The patient is placed in the right decubitus position, and the left pleural space opened by resecting subperiosteally the 7th rib. The lower end of the esophagus and the upper portion of the stomach are exposed, and a longitudinal incision about 5 or 6 centimeters in length is made, equally placed in these two structures. Tremendous dilated venous channels will be seen within the lumen of the esophagus, and not infrequently the actual site of rupture may be visualized. The method of controlling the bleeding varix and the other varices, is to pick them up with the mucosa covering them, and suture them with No. 00 chromic catgut on an intestinal atraumatic needle; an over-and-over running type of suture is used. The suturing is extended well down into, and including the gastric mucosa with its large submucosa veins, and then carrying it up the esophagus for a distance of 5 or 6 centimeters (17). As a rule it is possible to isolate three columns of varices and suture each in this manner. The incision in the esophagus is then closed transversely, using three layers of fine interrupted infolding type of silk sutures. Penicillin and streptomycin are administered intramuscularly, both before and after the operation. Primary healing of the esophageal incision has occurred in all cases, with no complications of empyema or serious infections. In view of the large amounts of blood lost prior to the operation it is necessary to have available multiple transfusions during the operative procedure.

During the past two and one half years this procedure has been performed on 15 patients. There has been one early postoperative death in the group, an operative mortality rate of approximately 6 per cent. In the remaining 14 patients there were three cases of Banti's syndrome, in whom a shunt could not be performed because their spleens had been previously removed. Attempts were made in each of these to isolate the portal vein but it was impossible because of the cavernomatous change surrounding it. The procedure was also performed in a fourth patient under these conditions, with cirrhosis of the liver. It has been possible to perform satisfactory portacaval shunts in 6 of the remaining patients,

and in 2 others it is planned sometime within the near future. One patient died six weeks after the procedure from liver failure, not directly connected with the operative procedure. Another patient succumbed eight weeks later from massive esophageal bleeding, who had refused to have a shunt procedure performed at the usual period of four to six weeks after the suturing. Secondary hemorrhage has occurred in 6 patients within one to five months after the esophageal varices were sutured, and for that reason it is now our rule to perform the shunt operation at the end of three to four weeks, providing the patient's condition has improved sufficiently to warrant this major procedure. The great advantage of this method of controlling the bleeding esophageal varices is that once the bleeding is controlled the patient's condition can be built up more satisfactorily by proper food and vitamin intake than by any other method, and also their blood volume and hemoglobin restored to normal; so that the definitive procedure of a shunt can be performed under the most optimum conditions.

The Definitive Treatment by Portacaval Shunts

The construction of a splenorenal, or a direct portal vein-to-inferior vena cava anastomosis, to by-pass the portal blood around the site of the portal bed block, whether it be intra or extrahepatic, is believed to be the most satisfactory method of controlling hemorrhage from esophageal varices. *It is to be emphasized that every patient who has bled from the esophageal varices, should be considered a candidate for some type of portacaval shunt, rather than any other operative procedure.* Since we have seen little if any improvement in the liver function tests following the construction of these shunts, the operation should not be done with the expectation that the liver function will necessarily improve. *At the same time it should be stressed that the construction of a portacaval shunt should never be done for the relief of chronic ascites alone.* In general there are three groups of patients with bleeding esophageal varices who are suitable for this type of surgery; 1) those with portal cirrhosis without ascites, 2) those with portal cirrhosis and ascites that responds to medical therapy, and 3) any patient with so-called Banti's syndrome, or extrahepatic portal bed block. One of the greatest challenges to the surgeon is the operative treatment of patients with chronic ascites, secondary to cirrhosis of the liver, and in addition with bleeding esophageal varices. The operative mortality rate in this group of patients is so great it is believed unwise to attempt to do shunt surgery on them. For that reason it is believed the best treatment for such a patient is a preliminary esophagotomy, with suturing of the esophageal varices, with the hope that by medical means it will be possible to improve the patient sufficiently to clear the ascites. This has been accomplished in several cases, so that it has been possible to perform a shunt procedure at a greatly reduced risk.

Liver function tests are obtained on all patients in whom portacaval shunt surgery is planned (15). It is possible by these, as a rule, to differentiate between the intrahepatic and extrahepatic type of portal bed block, since in the former there are abnormalities in many of the tests, whereas in the latter they are essentially normal. In addition, it is important to determine how seriously the liver is damaged before doing the actual shunt surgery. The following tests, in our opinion, are of the most value in determining the operability of patients with cirrhosis of the liver: 1) The serum albumin level is probably one of the most significant, especially if the level is below three grams per cent, since in 6 patients with a level below this figure, there were 5 deaths, or a mortality rate of 83 per cent; whereas, in those patients with a level above 3 grams per cent, there were 69 patients, and 6 deaths, a mortality rate of 9 per cent. 2) The presence of ascites is also considered to be a test of liver function, indicating failure of the liver to synthesize the normal levels of serum proteins. If the ascites fails to respond to medical therapy it is a serious omen, whereas, if it does respond, or is not pres-

ent, the patient is considered a much better operative risk. 3) If the prothrombin time is prolonged, and especially if it does not respond to vitamin K therapy, it, as a rule, indicates severe liver disease. 4) The cephalin flocculation test, if it is 3 or 4 plus, indicates that the patient is a serious risk, since in 36 operations with these values there were 11 deaths, or a mortality rate of 31 per cent; whereas in 39 patients with 1 or 2 plus cephalin flocculation, there were no deaths. 5) The bromsulfalein retention test, a measure of the excretory function of the liver, is of less significance unless the degree of retention is very high. A level of 20 per cent or more of retention indicates a severe liver injury, and further medical treatment is recommended to attempt to improve it. 6) The bilirubin level in the blood, as measured by the van den Bergh test, is of significance if there is moderate to severe degree of jaundice, since it indicates serious liver disease.

Types of Portacaval Shunts

For practical purposes there are two main types of portacaval shunts which have proved most efficacious in controlling the bleeding from the esophageal varices. These are 1) an end-to-side splenorenal anastomosis with splenectomy, and 2) a direct portal vein-to-inferior vena cava anastomosis. The splenorenal type of shunt has been performed more frequently in our clinic. In the eight-year period from 1945 to 1952, 90 portacaval shunts have been performed, and of these 68 or 75 per cent, have been the splenorenal type, whereas, 22 or 25 per cent have been the direct portacaval (Table I). It is believed in the majority of cases that the former is the safer operation, since there is less danger of damaging such structures as the hepatic artery, or the common bile duct, which lie in such close proximity to the portal vein. Many surgeons prefer the direct portal vein-to-vena cava type of anastomosis because the splenic vein is so thin-walled and friable, which makes it difficult to isolate. In our own hands, however, the mortality rate in recent years has been less with this type, because it seems to interfere less with the liver function in the immediate postoperative period. In the last 42 patients with cirrhosis of the liver, in whom shunts have been performed, 27 patients had splenorenal anastomoses, with 1 death, or a mortality rate of 4 per cent; whereas, in the direct portacaval anastomoses there were 15 with 2 deaths, or an immediate postoperative mortality rate of 13 per cent. The death in the former group was secondary to sepsis, whereas the latter 2 were the result of liver failure. In addition to this difficulty there were 2 patients who had direct portacaval shunts, that developed severe and incapacitating ascites lasting for months, a condition that has not been seen to develop after the splenorenal type of shunt. The decision

Table I

Types of Portacaval Shunts

Massachusetts General Hospital 1945–1952 (Inclusive)

Splenorenal	68	72%
Direct portacaval	22	24%
Others	4	4%
Total	94	100%

of whether to do a direct portacaval or a splenorenal anastomosis usually is determined by the size of the spleen, and also the condition of the patient, and the degree of liver impairment. If the spleen is greatly enlarged it has been found, as a rule, that the splenic vein is correspondingly large and can be used to construct a very satisfactory shunt; whereas, if the spleen is small, both by palpation and x-ray examination, the splenic vein frequently is too small to make a satisfactory shunt. Under these conditions, if the liver function is not too seriously impaired, a direct portacaval anastomosis is usually attempted.

In patients with the so-called Banti's syndrome, or the extrahepatic type of block, the operation of choice is without question the splenorenal shunt, because in most of these patients the portal vein is impossible to isolate because of a

cavernomatous change surrounding it in the gastrohepatic ligament. The method of performing the splenorenal shunt is preferably by an end-to-side type of anastomosis, implanting the end of the splenic vein into the side of the renal vein. In this way it is possible to preserve the kidney, as was first described by the author (15) in 1947. Unfortunately, with this type of anastomosis in our group of patients, there has been a greater incidence of postshunt esophageal bleeding than in the patients with direct portacaval shunts. These statistics are given in the summary of the results.

One advantage of the direct portacaval type of anastomosis, is that when it can be performed it is a relatively easier operation for the surgeon. Unfortunately, this may not be true for the patient, since as already stated, there is evidence accumulating to indicate that this type of shunt may produce more serious effects on the liver than the splenorenal type. There are two methods of anastomosing the portal vein and the inferior vena cava; 1) it may be a side-to-side anastomosis, without interrupting the continuity of the portal vein, or 2) an end-to-side anastomosis, implanting the distal end of the portal vein, after dividing it, into the inferior vena cava. In most instances the latter is the more feasible procedure, and it is believed probably in the majority of instances to be the better shunt. It has been criticized because it by-passes completely the liver of all the portal venous blood. But actually, since in some of the patients there is a high degree of intrahepatic portal bed block, this may not be as great as one would assume. At the present time it is thought that where there is a high degree of intrahapatic block, that the side-to-side anastomosis should not be used, because with this type of shunt not only is the portal venous blood shunted from the liver, but also that from the hepatic artery as well, since it enters the portal venous system in the presinusoidal areas and will follow the path of least resistance, which will be to pass directly into the inferior vena cava through the direct portacaval shunt. As a result a great deal of the liver will be deprived of the arterial blood as well as the portal venous blood. With the splenorenal shunt apparently this difficulty is not so marked, probably because the shunt is less complete.

At the present time, it is believed that those patients with an intrahepatic block, secondary to cirrhosis of the liver, in whom the liver function is not too seriously impaired, are the most suitable candidates for direct portacaval shunts. Thrombosis of the portal vein itself will be encountered in some instances of cirrhosis of the liver, and in 3 patients it has been necessary to perform a thrombectomy in order to obtain a flow of blood through the portal in order to construct a shunt. In 2, very satisfactory shunts were obtained, but in the other it apparently has not functioned too well, since secondary bleeding has occurred on one occasion. It is the only instance of secondary bleeding in a group of 15 direct portacaval shunts in patients with cirrhosis of the liver. For this reason it is believed, therefore, that the direct portal vein-to-inferior vena cava shunt is probably the best operative procedure to control the esophageal bleeding, but unfortunately it cannot be performed on all patients, and in others, because of severe liver disease, it should not be performed. At the present time, however, if a patient has a large spleen, even with good liver function, we believe it safer to do the splenorenal shunt and if bleeding should recur, then resort to the direct portacaval anastomosis.

Anesthesia

It is believed that the type of anesthesia plays an important part in the mortality rate of these major surgical procedures. Early in the course of our experience ether anesthesia was used routinely and in many instances a hemorrhagic diathesis developed during the operative procedure. Because of this complication a high percentage of our early deaths in the immediate postoperative period was from uncontrollable hemorrhage from the operative field. As a result

of these experiences ether anesthesia was abandoned in favor of cyclopropane anesthesia, which seemed to have a less damaging effect on the seriously sick liver, with a result that deaths from operative hemorrhage became much less common. This was also aided, in part, by the use of fresh blood transfusions during the operation, as recommended by Soutter (25). Nevertheless it was necessary to utilize from five to ten blood transfusions during each operative procedure. During the past year hypotensive spinal anesthesia, given according to the Gillies technique (13, 14), has been utilized in 17 shunt operations. There have been no complications from this method of anesthesia and no deaths from hemorrhage; furthermore there has been a great saving of bank blood, since in most instances, one or two transfusions have been utilized, and never more than three. Studies are not fully completed as yet, but there appears to be less interference with liver and renal functions, than when the other types of anesthesia are used, with which so many transfusions of citrated blood are required. Further experience is necessary, however, before one can be absolutely sure this is the anesthesia of choice.

Summary of Results in 94 Shunt Operations in 90 Patients with Bleeding Esophageal Varices

The construction of some type of portacaval shunt has been the method of treatment for bleeding esophageal varices at the Massachusetts General Hospital since 1945. Ninety patients have had shunts performed up to January 1, 1953. The results obtained in this group of patients have been extremely encouraging, as the following statistical analysis shows. There were 24 or 27 per cent of them with an extrahepatic portal bed block, secondary to the so-called Banti's syndrome, and 66 or 73 per cent with an intrahepatic block secondary to the portal cirrhosis of the liver. In the entire group there were 30 females, or 33 per cent, and 60 males, or 67 per cent. Separated in types of disease there were 9 females with the extrahepatic type of portal bed block, or 27 per cent, and 15, or 63 per cent were males; while in the patients with cirrhosis of the liver there were 21, or 32 per cent, females, and 45, or 68 per cent males. Their ages ranged from the youngest of six years to the oldest of 70 years. The disease is apparently most common in mid life, since 64 or 70 per cent of them were between 30 and 60 years of age. A total of 94 shunts were performed in these 90 patients, since in 4 patients, 3 with splenorenal anastomoses, and 1 with an inferior mesenteric vein-to-left ovarian vein, who had secondary hemorrhages, direct portacaval anastomoses were performed at later dates. There were 68 end-to-side splenorenal shunts with splenectomy, or 72 per cent; 22, or 23 per cent, had direct anastomoses between the portal vein and the inferior vena cava. Eighteen of these were end-to-side and 4 were side-to-side. Four other patients, or 5 per cent, had other types of shunts, including an anastomosis between the superior mesenteric vein and the inferior vena cava, and an inferior mesenteric vein anastomosis between the left ovarian in one case, and in another to the left adrenal vein (Table I). This latter group of four shunts are what might be termed makeshift shunts because they were done since it was impossible to perform a splenorenal shunt because the spleen had been previously removed, and a cavernomatous change around the portal vein made it possible to isolate this blood vessel. Because of the poor results obtained, these shunts are no longer attempted in our clinic. In the 24 patients with the extrahepatic portal bed block, 25 shunts were performed; 19, or 76 per cent, were end-to-side splenorenal anastomoses, 3 or 12 per cent, had direct portacaval anastomoses, and 3 or 12 per cent, had the other types. The greater preponderance of the splenorenal shunts in this type of disease is because of the cavernomatous transformation of the gastrohepatic ligament, which makes it usually impossible to isolate the portal vein, so that a direct portacaval shunt cannot be performed.

There were 66 patients with cirrhosis of the liver with an intrahepatic portal bed block, in

whom 69 shunts were performed. Forty-nine, or 71 per cent, were end-to-side splenorenal shunts; 19, or 27 per cent, were direct portacaval anastomoses, and in one other a superior mesenteric vein-to-inferior vena cava shunt was performed. There were more direct portacaval shunts done in this group than in the Banti cases, since exposure of the portal vein in this disease is more readily accomplished, and it was felt necessary to determine, if possible, whether the splenorenal or the direct portacaval shunt was superior to the other from the viewpoint of postshunt bleeding, and also what effect each procedure might have on the liver function in addition to their respective mortality rates. At the present time it is believed that the operative risk is less for the splenorenal shunt, since most of our deaths from liver failure and hemorrhage have followed direct portacaval anastomoses. There is no question, however, but that the latter type reduces the portal hypertension more effectively, and therefore gives better protection against further esophageal bleeding. It is also an easier shunt to construct, providing the cavernomatous change in the gastrohepatic ligament is not encountered. Further studies are in progress to determine, if possible, if there is any difference between the two types of shunt in regard to liver function in the survival patients. To date it has been a disappointment that there has been little of any improvement in the liver function tests following either splenorenal or direct portacaval anastomoses, even though no further bleeding episodes have occurred.

An analysis of our results reveal that 77 or 86 per cent of the patients, survived, giving an operative mortality rate of 14 per cent. It is of considerable significance that the majority of the postoperative deaths occurred in the earlier years that this type of surgery was being performed, since during the last three and one half years there have been no deaths from immediate postoperative hemorrhage, and only 3 deaths in the last 60 shunts performed, or an operative mortality rate of 5 per cent. Two of the deaths were from liver failure following direct portacaval anastomoses, and the third was from pancreatic necrosis and sepsis following a splenorenal shunt. This reduction in the mortality rate, it is believed, is the result of a more careful preparation of the patients with sick livers, the elimination of the hemorrhagic diathesis occurring during the operative procedure, first by utilizing fresh blood transfusions during the operative procedure, and also the use of cyclopropane anesthesia instead of ether; and lately the use of hypotensive spinal anesthesia, which eliminates almost completely any danger of severe hemorrhage during the operation. Finally, of course, the perfection in the technique in this type of surgery, without question, has been a factor in the lower mortality rate in the recent years. As might be expected the immediate postoperative mortality is much greater in patients with cirrhosis of the liver than in those with the so-called Banti's syndrome with essentially normal livers. There were 69 shunts in the intrahepatic or cirrhotic group, with 6 deaths from early postoperative hemorrhage from the operative field, 4 from liver failure, 2 from sepsis; a total of 12 deaths, or an operative mortality of 17.4 per cent; whereas, there were 25 shunts performed in the extrahepatic group, with 1 death from postoperative hemorrhage, or an operative mortality rate of 4 per cent.

An analysis of the patients in whom esophageal bleeding has recurred following the shunt procedures (Table II), in 60 patients who had splenorenal shunts, revealed there have been 3, or 5 per cent of the cases, that developed minor bleeding not requiring hospitalization. In 5 cases, or 8 per cent, major bleeding has developed; in 4 of these patients secondary direct portacaval anastomoses have been performed with relief of bleeding in 2 of these patients. There has been one death in this group from massive bleeding from the esophageal varices, an incidence of 1.7 per cent. In 18 patients with direct portacaval anastomoses there were no incidences of minor bleeding; there were 2 patients who had major bleeding and in one of these it had been necessary

to do a thrombectomy of the portal vein in order to clear it of a thrombus so that anastomosis could be performed. It is feared that another thrombus probably formed, since the intima of the vein was very ragged after removing the clot.

TABLE II

Summary of Esophageal Bleeding following 78 Survival Shunt Operations

Massachusetts General Hospital 1945–1952 (Inclusive)

TYPE OF SHUNT	NO. OF SHUNTS	POSTSHUNT BLEEDING		
		Minor	Major	Deaths from bleeding
Splenorenal	60 (80%)	3 (5%)	5* (8%)	1 (1.7%)
Portacaval	18 (20%)	0	2† (11%)	0
Totals	78 (100%)	3 (4%)	7 (9%)	1 (1.3%)

* 4 of these patients had secondary portacaval shunts with relief of bleeding in 2.

† 1 of these patients had a thrombosed portal vein.

There have been no deaths from bleeding following any of the direct portacaval shunts. In summary then, following 78 survival shunt operations, there have been 3 cases of minor bleeding, or an incidence of 4 per cent; 7 cases of major bleeding, or 9 per cent; and one death, or an incidence of 1.3 per cent.

A further analysis of our results reveals that in 23 patients with extrahepatic portal bed block, secondary to the so-called Banti's syndrome, who survived the construction of a splenorenal or a portacaval shunt, there has been one death in the follow-up period from 1945 to 1952 (Table III), inclusive. The death in this case occurred four years after a splenorenal shunt was performed and was unrelated to the portal hypertension, since it occurred as the result of a cerebral hemorrhage. In the group of patients with intrahepatic portal bed block, secondary to cirrhosis of the

TABLE III

Late Deaths following Splenorenal and Portacaval Shunts in 77 Survival Patients

Massachusetts General Hospital 1945–1952 (Inclusive)

TYPE OF BLOCK	NO. OF PATIENTS	NO. OF DEATHS	CAUSES OF DEATHS			
			Liver failure	Heart failure	Cerebral hemorrhage	Esophageal hemorrhage
Extrahepatic (Banti's disease)	23 (29%)	1 (4.3%)	0	0	1 (4 yrs.)	0
Intrahepatic (cirrhosis)	54 (71%)	7 (13%)	4 (8, 20, 23, 43 mos.)	1 (5 mos.)	1 (19 mos.)	1 (12 mos.)
Totals	75 (100%)	8 (10.7%)	4	1	2	1

TABLE IV

End Results of Portacaval Shunts in 90 Patients with Bleeding Esophageal Varices

Massachusetts General Hospital 1945–1952 (Inclusive)

TYPE OF PORTAL BED BLOCK	NO. OF PATIENTS	POSTOPERATIVE DEATHS*	LATE POSTSHUNT DEATHS†	TOTAL SURVIVALS	EXPECTED SURVIVAL RATE WITHOUT SHUNT
Extrahepatic (Banti's syndrome)	24 (27%)	1 (4%)	1 (4.3%)	92%	70%
Intrahepatic (cirrhosis of liver)	66 (73%)	12 (18%)	7 (13%)	71%	20%
Totals	90 (100%)	13 (14%)	8 (10%)	77%	

* There have been only 3 postoperative deaths in the last 60 shunts performed, or a mortality rate of 5 per cent.

† Three of these deaths were unrelated to the esophageal varices or cirrhosis of the liver.

liver, there were 54 patients who survived the construction of splenorenal or portacaval shunts, and in this group 7, or 13 per cent, have died from various causes; 4 from liver failure respectively at 8, 20, 23 and 43 months after the shunts were performed, 1 from heart failure five months following the shunt, another from cerebral hemorrhage 19 months after it was performed. One patient succumbed to massive esophageal hemorrhage twelve months after a splenorenal shunt. In summary there are 77 patients that have survived the construction of portacaval shunts; 8 of these patients, or 10.7 per cent, are dead, and the remaining 69, or 90 per cent, are still alive, and for the most part in good health (Table IV). These results are a great improvement over the expected mortality rate in a similar group of patients followed over a period of the same number of years, since Shull (23) showed that in our hospital, the mortality rate for patients with Banti's syndrome was about 10 to 30 per cent, and in the patients with cirrhosis of the liver the expected mortality rate ranges from 50 to 80 per cent, for periods of one to five years.

Conclusions

1) Exsanguination from bleeding esophageal varices is a frequent cause of death in patients with cirrhosis of the liver and so-called Banti's syndrome.

2) Cardio-esophageal tamponade with an intragastric balloon tube, supplemented immediately by a transesophageal suture of the varices, is recommended as the best emergency method of controlling the massive bleeding in these patients when it does not stop spontaneously.

3) The by-passing of the portal venous blood in patients with bleeding esophageal varices, by the construction of a splenorenal or a direct portacaval shunt, is considered the best definitive method of treatment.

4) In the majority of patients a splenectomy, with an end-to-side splenorenal anastomosis is the preferable procedure, since it carries less risk than a direct portacaval shunt, especially in patients with severely diseased livers. It is also recommended in those patients with so-called Banti's syndrome, because of the difficulty in exposing the portal vein in them, due to the cavernomatous change in the gastrohepatic ligament.

5) Portacaval shunts are not to be recommended for the treatment of ascites alone; they should be reserved for the treatment of bleeding esophageal varices.

6) A surgeon should not perform a splenectomy alone in a patient with bleeding esophageal varices, unless he is prepared to do a splenorenal anastomosis at the same operation, since this may be the only opportunity to construct a satisfactory shunt, especially in patients with the so-called Banti's syndrome.

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HOLD THIS DATE!

SEMIANNUAL MEETING—TUESDAY, OCTOBER 6, 1953

NATIONAL INSTITUTES OF HEALTH, BETHESDA, MARYLAND

Celebrating the fiftieth anniversary of the

Montgomery County Medical Society

Guest Speaker—Dr. Leonard A. Scheele, Surgeon General, Department of Health Education and Welfare of the U. S. Public Health Service

Business Sessions

SEMIANNUAL MEETING

Friday, September 12, 1952

Beach Lounge, Commander Hotel, Ocean City, Maryland

HOUSE OF DELEGATES
Beach Lounge, Commander Hotel
Ocean City, Maryland
Friday, September 12, 1952

The 202nd meeting of the House of Delegates was called to order by the President, Dr. Alan M. Chesney, at 9:45 a.m. in the Beach Lounge of the Commander Hotel, Ocean City, Maryland, on Friday, September 12, 1952.

The roll call was by registration and the following were present: Doctors Conrad Acton, J. T. B. Ambler, David H. Andrew, E. Cowles Andrus, Charles R. Austrian, Cecil H. Bagley, Jacob W. Bird, Helen Bowie, M. McKendree Boyer, Webster H. Brown, Read N. Calvert, Robert V. Campbell, T. Nelson Carey, F. A. Camalier, Ferdinand E. Chatard, IV, J. Albert Chatard, Alan M. Chesney, Osborne D. Christensen, T. A. Christensen, John Newell Classen, Richard G. Coblentz, Melvin B. Davis, Newland E. Day, Everett S. Diggs, Richard C. Dodson, George O. Eaton, C. Reid Edwards, Monte Edwards, Wolcott L. Etienne, Houston S. Everett, Robert W. Farr, John S. Fenby, Whitmer B. Firor, John H. Griffin, Lewis P. Gundry, Donald Hooker, William B. Long, W. Kenneth Mansfield, James T. Marsh, Walter S. Niblett, John W. Parsons, Daniel J. Pessagno, Maurice C. Pincoffs, Francis J. Townsend, Jr., Ralph P. Truitt, Bernard J. Cohen and Ross Z. Pierpont.

On motion of Dr. Thomas C. Christensen, which was seconded and carried, the minutes of the previous meeting were not read by the Secretary as they had been mailed to all delegates and also were printed in the August issue of the Maryland State Medical Journal.

Dr. C. R. Edwards, Chairman of the Council, presented a report (see page 414) on the result of the approval of the component societies of the changes in income level and professional fees in Maryland Hospital Service, Inc.-Maryland Medical Service, Inc.

Dr. Winford H. Smith was unanimously approved for emeritus membership.

Dr. Walter D. Wise presented the report of the Advisory Committee to the State Department of Health. (See page 414). This report was unanimously adopted upon motion of Dr. Thomas C. Christensen and seconded by Dr. Ross Z. Pierpont.

Dr. J. W. Bird, Chairman of the Resolutions Committee presented resolutions which had been previously considered by the Resolutions Committee (see page 417), which consisted of Doctors J. W. Bird, Chairman, Charles R. Austrian, Robert V. Campbell, T. Nelson Carey, and William D. Noble.

Three resolutions presented by the Baltimore County Medical Association were as follows:

"1.(a) BE IT RESOLVED that the Baltimore County Medical Association recommends that the members of the Council of the Medical and Chirurgical Faculty of the State of Maryland be limited to two (2) consecutive terms."

Dr. Bird stated the Committee approved this resolution and he moved that it be adopted.

Dr. Webster H. Brown moved that the word "elected" be inserted before "members of the Council" and Dr. Melvin B. Davis, delegate from Baltimore County Medical Association, said that the Society would accept the amendment. Dr. Thomas Christensen moved that the resolution as amended be adopted, seconded by Dr. Maurice C. Pincoffs and carried.

"1.(b) BE IT RESOLVED that the President of the Medical and Chirurgical Faculty should be alternated each year between the Baltimore City Medical Society and the county organizations."

Dr. Bird stated that the report of the Resolutions Committee was unfavorable and moved that the House of Delegates adopt the report of the Committee. Seconded by Dr. Christensen. Dr. Davis of Baltimore County asked that the Resolutions Committee be overruled. Before this resolution was acted upon there was a considerable amount of discussion. The Baltimore County Medical Association had submitted this resolution hoping that there would be a greater participation by County members in Faculty affairs. However, it was pointed out that any such fixed rule might prove to be detrimental. Subsequent action of the House of Delegates supported the unfavorable recommendation of the Resolutions Committee.

"1.(c) BE IT RESOLVED that the Nominating Committee for the officers of the Medical and Chirurgical Faculty of the State of Maryland be elected from the floor of the House of Delegates."

After reading the resolution Dr. Bird stated that the Committee report was unfavorable. He moved that the report of the Committee on Resolutions be adopted. Seconded by Dr. Christensen. This resolution evoked prolonged discussion. After the discussion, the House of Delegates sustained the unfavorable report of the Resolutions Committee.

A resolution sponsored by Dr. Mark V. Ziegler and Dr. Page C. Jett with reference to the Medical Care Program was presented. This resolution follows:

"Whereas, The Medical Care Program was historically based upon a request of the Medical and Chirurgical Faculty

and was unanimously approved by the Faculty before being enacted into law, and

"Whereas, the principles of the program and its operation are basically satisfactory to the medical profession, and

"Whereas, the program has often been compelled because of inadequate appropriation to reduce the scope of services, the number of beneficiaries, or to pay only part of its just obligations from time to time, therefore be it

"Resolved, that the Medical and Chirurgical Faculty of Maryland endorses the principles and operations of the aforementioned program and recommends that sufficient funds be appropriated to efficiently carry out the program as now constituted; and be it further

"Resolved, that the Secretary of the Medical and Chirurgical Faculty be instructed to send a copy of these resolutions to the Governor of Maryland; to the respective members of the Senate Finance Committee, and the House Ways and Means Committee of the General Assembly; to the Director of the Maryland State Health Department, and to the Commissioner of Health of Baltimore City, and Budget Director of the State of Maryland."

The Committee on Resolutions recommended its adoption. This resolution also evoked considerable discussion. It was the consensus of opinion that the Society would do credit to reaffirm its belief in the principles in the Medical Care Program. Upon motion by Dr. Andrus, seconded by Dr. Marsh, the recommendation of the Resolutions Committee for approval was unanimously sustained. (See page 418 for the report which Dr. Ziegler made to the House of Delegates.)

A resolution submitted by Dr. Amos R. Koontz with reference to the Presidential appointments on committees was presented as follows:

"There has always been the complaint that our Medical Society is run by a few people. That is probably because in any Society there are only a few people who are willing to do the work. There are always drones and always workers in every group. The drones cannot be gotten to work no matter how much responsibility is thrust upon them. However, to stimulate more interest and to secure more active participation by all members of our Society in the affairs of the Society.

"BE IT RESOLVED, that it is the desire of the House of Delegates that each new President, in appointing his committees, appoint not more than half of those who served on each committee the year before, and that in no instance shall a man serve on any committee longer than three consecutive years."

Dr. Bird stated that the Resolutions Committee submits an unfavorable report and he moved that the report of the Committee be adopted.

Upon motion of Dr. Christensen, seconded by Dr. Marsh, the unfavorable recommendation of the Resolutions Committee was sustained.

The resolution with reference to placement of *M.D.* on license plates, submitted by Dr. Amos R. Koontz, carried with it an unfavorable report from the Resolutions Committee. The resolution states:

"WHEREAS, we are reliably informed that new automobile license tags will be issued next year which will have letters in addition to numbers on them, and

"WHEREAS, certain states which follow this practice have issued license tags to physicians with the letters "M.D." on them, and

"WHEREAS, such a courtesy extended to physicians in Maryland, would be of great convenience to them, eliminating the necessity of having green (blue?) crosses attached to their cars, and facilitate their parking in spaces around hospitals.

"THEREFORE BE IT RESOLVED, that the Medical and Chirurgical Faculty of the State of Maryland respectfully requests the Governor of Maryland and the Commissioner of Motor Vehicles to have the identifying letters "M.D." placed on the license tags of Maryland physicians when the new tags are issued, and

"BE IT FURTHER RESOLVED, that the President of the Society be directed to appoint a Committee to wait on the Governor of Maryland in order that our case may be properly presented to him."

The House of Delegates failed to sustain the recommendation of disapproval by the Resolutions Committee and therefore, by virtue of this action the resolution became effective.

Under the heading of new business, Dr. Ross Pierpont inquired as to whether insurance companies were paying professional fees to hospitals. Dr. Richard F. Kieffer, who was present, clarified the ruling for payment of professional fees by the Maryland Hospital Service, Inc.-Maryland Medical Service, Inc. He stated that there is a specific provision for the payment of professional fees for graduate education and research, and that such fees would not be paid into general hospital funds. Dr. Osborne Christensen of Wicomico County stated that he believed such a system will grow and that it should be very carefully supervised. Dr. Pincoffs stated that insurance plans should be supported by the profession particularly where they are directed toward the care of the indigent and medically indigent. He stated that as insurance plans grow there will be certain disadvantages that will gradually develop. He also stated that the standards of professional training are being increased rapidly. In 1927 there were 200 residents in internal medicine, in 1937 there were 400 residents and in 1951 there were 3800 residencies in internal medicine.

Dr. Wise moved that the subject of hospitals collecting insurance fees be resubmitted to the Committee to Study an Insurance Problem, of which Dr. William L. Garlick is the Chairman. Seconded by Dr. Thomas Christensen and carried. It was specified that the Committee report to the House of Delegates at the Annual Meeting in April.

Dr. Pierpont moved that a Committee be appointed to explore the possibilities with reference to more satisfactory legislative and professional control of hospitals throughout the State. The Committee is to consider especially the licensing of new hospitals and more adequate control of professional relations. It is to report to the House of Delegates. This motion was seconded by Dr. Osborne Christensen and unanimously approved. Dr. C. R. Edwards recommended that the Committee analyze the Medical Practice Act, the system of issuing State licenses, and also that legal counsel of the Faculty be consulted before the Committee reports back to the House of Delegates.

Dr. Chatard made some brief comments with reference to the Journal and the publication of the Transactions in the August issue.

Dr. Compton issued an invitation to all the members of the Society to participate in the Pelvic Cancer meetings that are held on the third Thursday each month at the Faculty Building.

Dr. Compton also requested on behalf of Mrs. Compton, Chairman of the Creative Arts Show of the Woman's Auxiliary to the Medical and Chirurgical Faculty, that members throughout the State send in exhibits for the Creative Arts Show at the next Annual Meeting.

The meeting adjourned at 12:30 p.m.

GEORGE H. YEAGER, M.D., *Secretary*

REPORTS PRESENTED AT SEMIANNUAL MEETING

Maryland Hospital Service, Inc. and Maryland Medical Service

Mr. President and Members of the House of Delegates:

In view of the authority vested in the Council by the House of Delegates at the April, 1952, meeting, every component medical society as well as the specialty groups were polled in reference to the contemplated change of income level of subscribers (family membership—$3,600 to $4,000). The result of this poll indicated that a majority favored the increased income level and the Maryland Hospital Service, Inc. and Maryland Medical Service, Inc., were so notified. Copies of criticisms and suggestions that were received by the Faculty office were sent to Mr. R. H. Dabney, Director of Maryland Hospital Service, Inc.-Maryland Medical Service, Inc.

Respectfully submitted,
CHARLES R. EDWARDS, M.D.
Chairman of the Council

September 12, 1952

Report of the Advisory Committee to the State Health Department

Mr. President and Members of the House of Delegates:

The Advisory Committee to the State Health Department met on August 11, 1952, at 1211 Cathedral Street, Baltimore. The members present were Doctors A. A. Pearre, Charles H. Williams, I. M. Zimmerman, and Walter D. Wise; Doctors Chesney, Pincoffs, Knotts, McCeney and Yeager being unable to attend.

The meeting was called to consider the matter referred to it by the House of Delegates on April 28, 1952, and any other complaints that might have arisen during the current year.

On April 28, 1952, the Tuberculosis Committee, under the Chairmanship of Dr. Lawrence M. Serra, reported to the House of Delegates making certain recommendations. The report is attached. The House of Delegates at first approved the recommendations of the Committee, but subsequently, during the latter part of the meeting on April 28th, Dr. J. W. Bird requested that the action taken concerning the recommendations of the Tuberculosis Committee be reconsidered, and he moved that the House of Delegates rescind a former action and refer these recommendations to the Advisory Committee of the Medical and Chirurgical Faculty, which has been formed to act in cooperation with the State Board of Health. After considerable discussion, the motion was carried.

Subsequent to this time and before the meeting of the Advisory Committee, Dr. Robert H. Riley appointed a special committee consisting of Doctors Esmond R. Long, John Barnwell, Maurice C. Pincoffs, Perry F. Prather, Otto. C. Brantigan, M. W. Jacobson, H. Vernon Langeluttig, Alfred Blalock and Charles R. Austrian, to review the tuberculosis situation in Maryland outside of Baltimore City and to make recommendations. This Committee met on July 11, 1952, and made recommendations which do not seem to disagree with those of the Medical and Chirurgical Faculty Committee on Tuberculosis. See copy of this Special Committee Report attached.

With the regular Committee of the Faculty and the Special Committee appointed by Dr. Riley, finding no material grounds for disagreement, the Advisory Committee suggests that the House of Delegates again adopt the report as submitted on April 28, 1952.

As the only matter before the Advisory Committee was in the field of tuberculosis, the Committee invited to be present Doctors Riley, Hetherington and Prather. After action on the above mentioned reports, complaints by the radiographers from two different localities were discussed. The complaint in both instances being that many patients other than indigent or medically indigent are receiving free chest pictures. It is agreed by all present that this is a difficult problem to work out with economic fairness to the radiographer and the individuals to be x-rayed, while at the same time recognizing that it is a mandatory public health need to protect the patient, the contacts of the patient and the general public.

After much discussion, it was agreed that the problem is not insurmountable but it involves many angles difficult to correlate differing in different localities. As indicated, the problem involves the patient and contacts, the practitioner, the Health Department, the Maryland Tuberculosis Association, the radiographer and, in many instances, a chest specialist. To work out this complicated problem with safety and no economic hardship is not a simple matter. The answer seems to resolve itself into finding the solution at the local level as has been done in some areas. (See the report from the Baltimore County Medical Association, page 416.) This may serve as an aid to other localities.

In considering this subject one cannot help but point out that much of the abuse of radiography done by the Maryland Tuberculosis Association with or without collaboration of the Health Department, is due to a family physician or other medical advisor, who finds it the easiest and simplest procedure.

Dr. Hetherington then presented for advice a plan for giving streptomycin and P.A.S. at home while the patient is waiting for hospitalization. This was submitted as a stop-

gap procedure with recognition of its dangers and inadequacies. The Committee recommended it as the best available suggestion at this time. See recommendations attached.

Respectfully submitted,
WALTER D. WISE, M.D., *Chairman*
ALAN M. CHESNEY, M.D.
MAURICE C. PINCOFFS, M.D.
A. AUSTIN PEARRE, M.D.
GEORGE H. YEAGER, M.D.
E. PAUL KNOTTS, M.D.
ROBERT S. MCCENEY, M.D.
CHARLES H. WILLIAMS, M.D.
I. M. ZIMMERMAN, M.D. (deceased)

TUBERCULOSIS COMMITTEE

Mr. President and Members of the House of Delegates:

The Tuberculosis Committee has met on two occasions. At the first meeting, Dr. Charlotte Silverman and Dr. Leon H. Hetherington were kind enough to give us valuable information as regards the progress of care being rendered to patients with tuberculosis in our State.

We are sorry to report that, according to figures submitted by Dr. Hetherington, the waiting list for entrance to the various sanatoria is long. For white males the list is approximately five and one half to six months behind schedule. For white females the period is six to seven weeks behind schedule. For colored females six months behind schedule, but within two months this figure should reach only two months behind schedule when new space will be available at Henryton. For colored males the period is six to seven months behind schedule. It has been pointed out that there is a rather substantial building program going on, and naturally, if the hospital can be appropriately staffed, Dr. Hetherington expects the waiting list to be sharply diminished.

The City of Baltimore, mainly through the efforts of Dr. Silverman along with the Staff of the Baltimore City Hospitals, has initiated an excellent program whereby cases requiring surgery may be admitted to the surgical division and returned home for further care. This allows a fair number of people in Baltimore City to obtain rather quick and necessary treatment.

At present, the State requires admission of patients directly to the sanatorium, before they are sent to one of the General Hospitals in Baltimore for surgery. It is the feeling of this Committee, that it would be well if the State could find it possible to arrange for appropriate consultation in cases which require surgery and to admit them directly to the General Hospitals for this purpose, so that the patient may return home for continued care until a bed is available in the sanatorium. This would obviate the necessity of making patients, who are amenable to surgical treatment, wait weeks and months before anything can be done and during which time, the condition may become worse so that they will no longer be candidates for such therapy. It is true, that whenever possible, the State does admit these patients to their hospitals (sanatoria) before their turn. While this may be commendable, it is felt that patients who need medical treatment are prevented from entering in chronological order.

At this point, we emphasize the continued efforts to admit patients to the sanatoria in accordance with the medical indication. In those instances where patients are required to wait at home for admission, it would be advisable to start medical treatment as soon as possible, and to this end, the City of Baltimore, through Dr. Silverman, has been supplying drugs such as Streptomycin and Paraaminosalicylic Acid. A similar arrangement for the patient in the State would be a definite improvement in the handling of their disease.

Because of the restrictions as regards the admission of tuberculous individuals by some of the General Hospitals, patients who are able to employ the services of private physicians cannot be admitted promptly. These patients usually require short term periods of hospitalization, varying from one to three weeks, after which they can be adequately treated at home. A more liberal attitude in the admission of known cases of tuberculosis by the General Hospitals would do much to expedite the care of these patients.

The Committee endorses the B.C.G. Vaccination Program which is being carried out in the City of Baltimore, and recommends that this type of work be extended throughout the State.

Doctors Silverman and Hetherington, who guide the City and State Tuberculosis Programs, have expressed the desire to be cooperative and have furnished this Committee with whatever data has been needed. The Medical Profession and the people of Maryland can count on them to change the appalling situation which has existed for so many years.

I thank the members of this Committee for their cooperation in preparing the above report.

Respectfully submitted,
LAWRENCE M. SERRA, M.D., *Chairman*
OTTO C. BRANTIGAN, M.D.
WILLIAM A. BRIDGES, M.D.
ISADORE LYON, M.D.
JOHN E. MILLER, M.D.
ROBERT H. RILEY, M.D.
SAMUEL WOLMAN, M.D.

REPORT OF SPECIAL TUBERCULOSIS COMMITTEE

(Appointed by Dr. R. H. Riley)

A Tuberculosis Advisory Committee, appointed by Dr. Riley and consisting of the following, met with Dr. Riley, Dr. Prather and the Chief of the Bureau of Tuberculosis on July 11, 1952: Dr. Esmund Long of the Henry Phipps Institute, Philadelphia; Dr. John Barnwell, Chief, Division of Tuberculosis Services of the Veterans Administration; Dr. Maurice C. Pincoffs; Dr. Otto C. Brantigan; Dr. M. W. Jacobson; Dr. H. Vernon Langeluttig and Dr. Alfred Blalock were present. Dr. Charles R. Austrian, who was originally appointed on the Committee, was unable to attend since he was on vacation.

The points discussed at the meeting were as follows:

***Mass X-Ray Surveys**—It was the recommendation of Dr. Long that these should be continued and there was no dissent from other members of the Committee. Dr. Long emphasized the importance of x-raying all General Hospital admissions to detect many cases of unknown tuberculosis.*

***BCG Vaccination**—Dr. Long recommended that a BCG program should only be as large as could be afforded financially and with the number of personnel required it should not exceed that which could be carried along with a balanced health program. He advised that BCG vaccination of non-reactors in hospitals is advisable and that BCG vaccination in the community could be used advisedly in some groups in which tuberculosis was predominant. He does not advise mass inoculation of the public and does recognize that there is still variation of opinions as to the value of BCG. He does, however, advise that in hospital groups it should be utilized.*

***Antibiotic Home Treatment**—The group then brought up for discussion the use of antibiotics prior to admission to a Tuberculosis Hospital. Dr. Long cited that the Henry Phipps Institute has been carrying on a rather active program in its own population segment in Philadelphia due to the shortage of tuberculosis beds in that city. (Philadelphia has a waiting list of about 500.) He advised that the results are far from satisfactory and is of the opinion that many failures are due to the fact that he does not believe the majority of the patients will take their PAS as prescribed, due to gastric irritability and also that they do not undergo the amount of rest at home that would be gained in a Tuberculosis Hospital.*

Dr. Barnwell is also of the opinion that antibiotic therapy treatment prior to hospitalization contained a great number of pitfalls and that the usual satisfactory response gained in hospitals could not be duplicated in home treatment.

Comments from Dr. Jacobson seemed to indicate his favorable reaction to use of antibiotics in the home.

The Chief of the Bureau of Tuberculosis advised the members of the Committee that provision was being made to attempt the establishment of antibiotic therapy in selected cases prior to hospital admission, and to accompany this, an intensive individual patient educational program on the part of the nurses or others working with these patients to keep them repeatedly advised as to the importance of an overall treatment plan, that each patient is treated as an individual case, that therapy quite often needs to be combined with medical and at times surgical treatment in order to gain a satisfactory end result.

It is recognized that there will be some patients who will refuse hospitalization after treatment has been instituted at home. Dr. Pincoffs advised as to the importance of bringing the medical profession into a cooperative plan which was recognized by all present.

The Chief of the Bureau of Tuberculosis also informed the group that discussion was underway with the Superintendents of the State Tuberculosis Hospitals to determine if some patients under antibiotic therapy might be discharged at a slightly earlier date with antibiotic treatment continued at home in order to reduce the waiting list. These patients who are discharged at a somewhat earlier date would have to be screened very carefully, home conditions investigated and the cooperativeness of the patient determined prior to such discharge. The group was informed as to the length of the waiting list at the present time which is markedly reduced as compared to the number on the waiting list as given to the Tuberculosis Committee of the Medical and Chirurgical Faculty just prior to their filing their recommendations with the Faculty. The oldest application on the waiting list of adults at the present time is white, male, early in April; there were only two white female applicants on the waiting list at the time of this Committee meeting; waiting list for colored females is approximately one and a half months and the waiting list for colored males is less than three months.

The next question raised was the question of admitting patients for chest surgery directly from the home into a general hospital and then returning the operated patient to his home and there to await a bed in a Tuberculosis Hospital. Dr. Brantigan informed us that such a program has been carried on at Baltimore City Hospitals; included in this group are individuals for pneumothorax, pneumoperitoneum, pneumolysis and major chest surgery. We did not have the actual number of patients who have had major surgery in this program.

The group was informed that pre-operatively the State Tuberculosis Hospital cases are prepared by at least three months and frequently more of streptomycin and PAS prior to surgery and that our best results are obtained after the cellular elements of the tuberculous lesion have been eliminated by antibiotic therapy. In addition to this, a complete surgical workup is made including bronchoscopy, electric cardiograms, kidney studies, etc.

It was the impression that the majority of the Committee were of the opinion that the best results are to be obtained from patients under long term antibiotic therapy, transferred from Tuberculosis Hospitals to surgery and then returned to the Tuberculosis Hospitals for convalescent treatment. Dr. Brantigan seemed to be of the opinion that since the State waiting list, at the present time, averages less than three months duration that it is possible that a program of admitting patients directly from the outside into general hospitals and then back to the home is not as imperative at the present time as he considered it several months ago when the waiting list was much longer.

Dr. Long and Dr. Barnwell emphasized the fact that outpatients treated with streptomycin and PAS would be far from satisfactory and that as soon as sufficient beds were available in the State that all patients in need of such treatment would be better off in a hospital. They also emphasized that even under present conditions that patients in preparation for this surgery should be in a Tuberculosis Hospital receiving antibiotics for a sufficiently long period of time before they underwent surgery.

BALTIMORE COUNTY HEALTH DEPARTMENT

County Office Building, Towson 4, Maryland

July 18, 1952

Dear Doctor:

An important change in the procedure of the Baltimore County Health Department chest clinics will be effective August 1, 1952. This plan has evolved from careful consideration of various difficulties which have existed, and represents the cooperative effort of the Executive Committee of the Baltimore County Medical Association, the Bureau of Tuberculosis of the Maryland State Department of Health, the Baltimore County Public Health Association and the Baltimore County Health Department.

The new procedure is outlined as follows:

1. *Patients reporting to clinics will be X-rayed, but no other initial studies will be done unless specifically requested by the referring physician.*
2. *A report of the X-ray findings, interpretation, and recommendations will be sent to the referring physician from the clinic.*
3. *Accompanying the report will be a card which is to be returned to the clinic as promptly as possible. The physician will check this card to indicate: (a) if he will assume **all** follow-up of the patient; (b) if he wishes **any** Health Department services; or (c) if he wishes the Health Department to assume **all** follow-up of the patient. (Sample of wording on card at end of this letter.)*
4. *In those cases in which the physician wishes to refer a patient to a particular chest clinic for assuming all follow-up of the patient it is extremely important that the physician give to the patient referred a written request for such services so that the patient may present this request at the clinic.*
5. *It has been agreed upon both by the Executive Committee of the Baltimore County Medical Association and the Baltimore County Health Department that investigations in the homes will continue to be made to find contacts of known cases and these contacts will be followed to determine any evidence of tuberculous infection. Any positive cases found among contacts will be referred to their private physician.*

In the case of patients on medical care, they will, as is required by law, be given complete clinic services, but a full report of all findings will be sent to the physician to whom they would go in the event of acute illness, so that he may be informed as to their tuberculous status.

It should also be emphasized that when a patient does not have a physician at the time of his X-ray, he will be supplied with a list of all physicians in the clinic area and asked to designate one.

MARYLAND STATE DEPARTMENT OF HEALTH
BUREAU OF TUBERCULOSIS

August 6, 1952

TO: DEPUTY STATE HEALTH OFFICERS AND TUBERCULOSIS CLINICIANS

FROM: Dr. Leon H. Hetherington, Chief, Bureau of Tuberculosis

RE: Treatment of Tuberculosis prior to hospital admission

The State Department of Health is prepared to supply Streptomycin and PAS tablets for the treatment of tuberculosis prior to hospital admission on those carefully selected cases which are indigent, medically indigent and others reporting to the County Tuberculosis Clinics. We wish, however, to emphasize that this treatment in the home is not the treatment of choice; that the response in hospitals is almost always uniformly better and the patient has a better opportunity for permanent results. Antibiotic therapy is only a portion of a planned treatment in each individual case of tuberculosis.

The Streptomycin Committee has set the dosage at: 1 gram of Streptomycin to be given twice weekly and 10 grams (20 tablets) of PAS to be given in four equally divided doses a day (5 tablets

per dose). In the case of meningitis or miliary tuberculosis the treatment is 1 gram daily plus the 10 grams of PAS and these cases (meningitis or miliary) will be admitted out of schedule. It is absolutely essential for the health officer, the nurse and the tuberculosis clinician, in conjunction with any private physicians involved, to insist that these patients take their PAS tablets; otherwise, the treatment most likely may fail and the individual become resistant to Streptomycin at an earlier date thereby defeating the ultimate long range treatment plans which are directed toward recovery.

There must be a continual education and re-education program with each individual patient. It is also to be understood that each patient must have an application filed for hospitalization as a precaution and that he or she agrees to take a tuberculosis hospital bed when it can be assigned.

All X-rays, the clinical record and a temperature record (if one has been kept) are to be sent directly to the Chief of the Bureau of Tuberculosis for review by the Streptomycin Board. At all times the clinical record **must** *contain the temperature record of patient.*

The Streptomycin Board will meet once a week or more frequently if necessary to review these cases and send the results of its opinion to you. From time to time, there may be some patients on "long term" Streptomycin treatment in our hospitals, who, if home conditions are satisfactory and if their response is satisfactory, might be sent back to your county for continuation of treatment until the full time limit has expired.

For your own information, we are using "long term" treatment in our hospitals ranging probably from eight to twelve months depending upon the individual case. In these cases it is also important that a close supervision of medication is maintained.

When all of the new beds for tuberculosis are opened in the State Hospitals, the City Hospitals and the Veterans Hospital, our waiting list, if it maintains its present number, will be completely exhausted and when that time comes it is not our present intention to supply Streptomycin and PAS for outpatient treatment. This treatment is, therefore, to be considered as an interim treatment.

If there is anything about this new procedure which is not clear, please do not hesitate to call me. I hope this plan will be entirely satisfactory to you and your patients, and your cooperation in helping to make it effective will be most appreciated.

Very truly yours,
William H. Warthen, M.D.
Deputy State and County Health Officer

Sample of wording on card sent with this letter:

BALTIMORE COUNTY HEALTH DEPARTMENT

Dear Doctor:

As you may see from the attached X-ray report, your patient needs further examination to establish a correct diagnosis. Would you please indicate on the reverse side of this card your wishes in this case and return the card promptly to the Health Department.

TUBERCULOSIS REFERRAL

Name of Patient.....Age..Sex..Color.....
Address.....
I will take care of this patient privately.....
I will follow this patient privately but desire the following services from the Health Department.....
.....
.....
I request the Health Department to follow this patient....
.....
.....
Signature of Physician

PLEASE RETURN THIS CARD IMMEDIATELY IN THE ENCLOSED ENVELOPE.

Report of Resolutions Committee

Mr. President and Members of the House of Delegates:

At its meeting in April 1952 the House of Delegates authorized the formation of a Resolutions Committee, and this is the inaugural report of said Committee, which Dr. Alan M. Chesney, the President, appointed. This report has been distributed to the members of the House of Delegates.

The Baltimore County Medical Association has submitted three resolutions—1.(a); 1.(b) and 1.(c).

1.(a) *BE IT RESOLVED that the Baltimore County Medical Association recommends that the members of the Council of the Medical and Chirurgical Faculty of the State of Maryland be limited to two (2) consecutive terms.*

This resolution necessitates an amendment to the Constitution and By-Laws for its adoption. The Committee recommends that this resolution be referred to the Committee on Constitution and By-Laws. The Committee is favorable, however, to its adoption.

1.(b) *BE IT RESOLVED that the President of the Medical and Chirurgical Faculty should be alternated each year between the Baltimore City Medical Society and the county organizations.*

If this body feels it is necessary that there be an amendment to the Constitution and By-Laws then this Committee recommends that it be referred to the Committee on Constitution and By-Laws for further study. If it is to be a policy of the Medical and Chirurgical Faculty, authorized by the House of Delegates, this Resolutions Committee makes a favorable report.

1.(c) *BE IT RESOLVED that the Nominating Committee for the officers of the Medical and Chirurgical Faculty of the State of Maryland be elected from the floor of the House of Delegates.*

If the House of Delegates desires further study, the Resolutions Committee recommends that this resolution be referred to the Committee on Constitution and By-Laws as it would mean that the By-Laws would have to be amended. Under the Constitution and By-Laws the President appoints the Nominating Committee not later than three months prior to the Annual Meeting. The Committee reports unfavorably on this resolution.

The following resolution was submitted by Dr. Mark V. Ziegler for Dr. Page C. Jett:

Whereas, The Medical Care Program was INITIATED (historically based) upon a request of the Medical and Chirurgical Faculty and was unanimously approved by the Faculty before being enacted into law, and

Whereas, the principles of the program and its operation are basically satisfactory to the medical profession, and

Whereas, the program has often been compelled BECAUSE OF INADEQUATE APPROPRIATION to reduce the scope of services, the number of beneficiaries, or to pay only part of its just obligations from time to time, therefore be it

Resolved, that the Medical and Chirurgical Faculty of Maryland endorses the principles and operations of the aforementioned program and recommends that sufficient funds be appropriated to EFFICIENTLY carry out the program as now constituted; and be it further

Resolved, that the Secretary of the Medical and Chirurgical Faculty be instructed to send a copy of these resolutions to the Governor of Maryland; to the respective members of the Senate Finance Committee, and the House Ways and Means Committee of the General Assembly; to the Director of the Maryland State Health Department, and to the Commissioner of Health of Baltimore City.

The Resolutions Committee reports favorably on this resolution.

The following resolution has been sent in by Dr. Amos R. Koontz:

There has always been the complaint that our Medical Society is run by a few people. That is probably because in any Society there are only a few people who are willing to do the work. There are always drones and always workers in every group. The drones cannot be gotten to work no matter how much responsibility is thrust upon them. However, to stimulate more interest and to secure more active participation by all members of our Society in the affairs of the Society.

BE IT RESOLVED, that it is the desire of the House of Delegates that each new President, in appointing his committees, appoint not more than half of those who served on each committee the year before, and that in no instance shall a man serve on any committee longer than three consecutive years.

The Committee reports unfavorably on this resolution. However, the House may wish to have this recommendation given further study, and if so said resolution should be referred to the Committee on Constitution and By-Laws. In some instances under the Constitution and By-Laws the Committees, unless otherwise indicated, are appointed by the President. A few Committees are elected by the House of Delegates.

The following resolution has been referred by Dr. Amos R. Koontz:

WHEREAS, we are reliably informed that new automobile license tags will be issued next year which will have letters in addition to numbers on them, and

WHEREAS, certain states which follow this practice have issued license tags to physicians with the letters "M.D." on them, and

WHEREAS, such a courtesy extended to physicians in Maryland, would be of great convenience to them, eliminating the necessity of having green (blue?) crosses attached to their cars, and facilitate their parking in spaces around hospitals.

THEREFORE BE IT RESOLVED, that the Medical and Chirurgical Faculty of the State of Maryland respectfully requests the Governor of Maryland and the Commissioner of Motor Vehicles to have the identifying letters "M.D." placed on the license tags of Maryland physicians when the new tags are issued, and

BE IT FURTHER RESOLVED, that the President of the Society be directed to appoint a Committee to wait on the Governor of Maryland in order that our case may be properly presented to him.

The State Roads Commission Chairman, Mr. Mudd, assumed an unfavorable attitude towards this suggestion when he communicated with Dr. Yeager and the Committee feels that it would be very unwise to go to the Governor direct. Unfavorable report.

The Resolutions Committee wishes to remind the House of Delegates that amendments to the Constitution may be acted on by the House of Delegates at an Annual Session, providing that the amendment has been presented at a previous Annual Meeting; and the By-Laws may be amended by a majority vote of the House of Delegates present at that session after the amendment has laid on the table for one day; or at a Semiannual Meeting, providing the amendment has been sent to all the Delegates at least 30 days prior to the Semiannual Meeting.

Respectfully submitted,
J. W. Bird, M.D., *Chairman*
Charles R. Austrian, M.D.
Robert V. Campbell, M.D.
T. Nelson Carey, M.D.
William D. Noble, M.D.

Discussion of the Medical Care Program

Mark V. Ziegler, M.D.[1]

The Chairman, Dr. Alan M. Chesney, called upon Dr. Mark V. Ziegler, Secretary of the Council on Medical Care to comment on the following items which were raised as questions by the Delegates in respect to the Resolution under discussion:

(a) Define medically indigent
(b) State the maximum allowable annual income which would make a family of four persons eligible for certification as medically indigent.
(c) Comment on the current financial status of the County Medical Care Program.

The Act authorizing the Medical Care Program provides that the State Board of Health shall administer a program of medical care for indigent and medically indigent persons. The State Board of Health defines "an indigent individual as one who is receiving financial assistance from the Department of Public Welfare." "A medically indigent person is one who is not a recipient of public assistance, but who is unable through his own resources, or resources available to him, to provide himself and his dependents with proper medical, dental, nursing and hospital care without depriving himself or his dependents of food, shelter, clothing and similar necessities."

The maximum allowable annual income for certification as medically indigent, for a family of four persons varies in the various countries from $1,272 to $1,452. This differential of $180 in the annual income is occasioned by the cost of living index, especially in respect to rents and cost of fuel. Baltimore and Montgomery Counties are in the higher income bracket while Caroline, Kent, Queen Anne's, St. Mary's, Somerset and Talbot are in the lower income bracket.

The income scales used in determining a person's eligibility for medical care as a medically indigent are almost identical to the income scales used by the Department of Public Welfare

[1] Secretary, Council on Medical Care, State Department of Health.

in certifying persons for public assistance. The income scales for the medically indigent are, in fact, lower than those used by the Department of Public Welfare in certifying persons for general hospital care.

The subsistence level for the medically indigent is so low that it does not allow any margin to meet the cost of either ordinary or unusual illness. The County Medical Care Program permits such persons to apply for medical care when needed without being stigmatized as paupers.

With reference to the current financial status of the County Medical Care Program, I have to report that the Legislature appropriated $637,085 to meet the cost of operating the County Medical Care Program during the fiscal year July 1, 1952 through June 30, 1953. This appropriation is less than any fiscal year's appropriation for the past three years. The Governor's budget allowance to operate the County Medical Care Program for the current fiscal year was in the amount of $687,085. The General Assembly in appropriating $637,085 reduced the Governor's allowance by the sum of $50,000.

The cost of operating the County Medical Care Program during the fiscal year ending on June 30, 1952 amounted to $708,014. It will be noted that the current appropriation is $70,929 less than the past year's expenses. The annual appropriation is apportioned into twelve monthly allotments according to seasonal demands for medical care. The obligations incurred for medical care during the month of July, 1952 exceed the July allocations by the sum of $3,794. The obligations incurred for medical care during the month of August, 1952 exceeds the August allotment by the sum of $5,248.

Dr. R. H. Riley, Director, State Department of Health, authorized me to process the physicians bills for payment in full for the months of July and August, 1952, notwithstanding the fact that they exceeded the allotment by the sum of $9,042. Dr. Riley was rather hopeful that when the matter is brought to the Governor's attention, that the Governor would approve of a budget amendment to at least meet the deficit already incurred. The demands for medical care services is lighter in July and August than in other months of the year. It is estimated that our total obligations for the current fiscal year will exceed the fiscal year's appropriation by approximately $70,000.

The solution to our present financial dilemma seems to lie in either the securing of additional resources in the amount of $70,000 in order to continue services in accordance with the previously approved policies, or in the prorating of physicians' dentist's and hospital outpatient bills for the remainder of the fiscal year (10 months) at the rate of 80¢ on the dollar.

For complete Semiannual Meeting program see pages 446–448

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ANNUAL MEETING

HOUSE OF DELEGATES

Deutsches Haus, Second Floor Auditorium, 1212 Cathedral Street, Baltimore

SPECIAL SESSION[1]

Monday, April 27, 1953, 2:00 p.m.

The 203rd meeting of the House of Delegates was called to order at 2:00 p.m., by Dr. Maurice C. Pincoffs, President, presiding. Dr. Chesney, as the immediate Past President, presented the gavel to Dr. Pincoffs.

Dr. Pincoffs made several preliminary announcements relative to the method of conducting the business of the House of Delegates; in addition he explained that only delegates had the privilege of the floor. He also announced that the roll call of this assembly would be by registration. The following members registered: Doctors Conrad Acton, David H. Andrew, Charles R. Austrian, D. F. Bartley, O. H. Binkley, J. W. Bird, Helen Bowie, Otto C. Brantigan, Read N. Calvert, R. V. Campbell, Ferdinand E. Chatard, IV, J. Albert Chatard, Alan M. Chesney, Thomas A. Christensen, Bernard J. Cohen, Melvin B. Davis, Everett S. Diggs, Richard C. Dodson, C. Reid Edwards, Monte Edwards, Wolcott Etienne, John S. Fenby, Whitmer B. Firor, Palmer H. Futcher, William E. Gilmore, Bowie L. Grant, Wilson Grubb, Lewis P. Gundry, William Hanks, John M. Haws, Robert F. Healy, Hugh J. Jewett, Emmett L. Jones, James R. Karns, Harry F. Klinefelter, Jr., J. H. Mason Knox, III, Louis Krause, Franklin E. Leslie, William B. Long, Hunter R. Mann, Jr., W. Kenneth Mansfield, James T. Marsh, Waldo B. Moyers, W. O. McLane, Hugh B. McNally, Claude W. Mitchell, Zachariah R. Morgan, William D. Noble, Edmund R. Novak, Thomas R. O'Rourk, John W. Parsons, A. Austin Pearre, Ross J. Pierpont, Maurice C. Pincoffs, M. C. Porterfield, H. William Primakoff, Peter P. Rodman, Norman E. Sartorius, Jr., John E. Savage, Richard T. Shackelford, Frank E. Shipley, W. H. Townshend, Jr., W. Kennedy Waller, William H. Warthen, George J. Weems, William W. Welsh, T. B. Whaley, A. F. Whitsitt, Palmer F. C. Williams, Arthur O. Wooddy, Theodore E. Woodward, George H. Yeager.

The minutes of the meeting of September 12, 1952, were unanimously approved as distributed by mail.

[1] See pages 420 to 421 for reports adopted at this meeting.

Dr. Pincoffs explained that all Committee reports had been abstracted and circularized to every member of the House of Delegates. It was pointed out that many of these reports were routine and did not carry specific recommendations. Upon motion of Dr. Chatard and seconded by Dr. Jewett, all Committee reports not carrying specific recommendations were unanimously approved.

Dr. Etienne, of Prince George's County, presented a recommendation that Dr. W. Allen Griffith be made an emeritus member. It was ordered that this recommendation be referred to the Council for appropriate study. (See page 421.)

The following members upon recommendation of Council were unanimously approved for emeritus membership:

Dr. Anna S. Abercrombie, Baltimore City
Dr. Wilbur F. Skillman, Baltimore City
Dr. Lloyd B. Whitham, Baltimore City
Dr. Charlotte B. Gardner, Cumberland
Dr. Francis A. C. Murray, Cumberland
Dr. Thomas L. Higdon, Wayside, Charles County
Dr. U. G. Bourne, Sr., Frederick
Dr. Charles H. Conley, Sr., Frederick
Dr. William M. Smith, Frederick
Dr. Levin J. Sothoron, Charlotte Hall, St. Mary's County
Dr. Edward Kirby Lawson, Oxford, Talbot County

COMMITTEE RECOMMENDATIONS

Board of Medical Examiners. A request from the Board of Medical Examiners was reviewed and unanimously endorsed. The request stated

"The Board of Medical Examiners feels that the Naturopaths, some of whom are very probably practicing medicine, should be vigorously prosecuted wherever they are located. The Board would like to have the full backing and support of the Medical and Chirurgical Faculty in this matter."

Editor, Maryland State Medical Journal. Dr. Pincoffs emphasized the need for office space for the Editorial staff of the Journal. On motion by Dr. Campbell, the House of Delegates placed itself on record as congratulating Dr. George Yeager and the staff, for a fine job.

Dr. Chatard brought to the attention of the Society the report of Dr. Yeager in which he has stated that this would be his last annual report as Secretary of the Medical and Chirurgical Faculty. It was moved that the Society extend to Dr. Yeager a vote of sincere thanks for the very excellent work which he has carried out in his official position in these past years. This was seconded and carried unanimously.

Medical Advisory Committee to Selective Service. Dr. Graham personally presented the status of physicians in Maryland under Public Law #779, "Doctor Draft Law." He also stated that hearings are being held with reference to a continuation of this law and explained that it represents practically a two-year extension of the present law. He requested cooperation of the State Medical Society in complying with the terms of the law.

Library Report. Dr. Louis Krause presented the Library report and stated the Library is in urgent need of more shelf space. He also stated that there is an urgent need for certain salary adjustments.

Committee for Better Distribution of Doctors Throughout the State. Dr. Allen F. Voshell presented the report of the Committee for Better Distribution of Doctors Throughout the State. The report contained the following:

"The proper development of this project might well be one of the most valuable and far reaching services of the Medical Faculty of Maryland to the State of Maryland. The Committee requests further direction as to how it should proceed."

Dr. Graham stated that the Medical Advisory Committee to Selective Service is helping find locations for doctors in the State of Maryland and thereby aiding in their distribution. It was suggested that the recommendation of the Committee for Better Distribution of Doctors Throughout the State could be developed to a more satisfactory extent by cooperation with the Medical Advisory Committee to Selective Service.

Committee to Study Legislative and Professional Standards and Staff Relations of Hospitals. The recommendation of the Committee to Study Legislative and Professional Standards and Staff Relations of Hospitals was referred to the Resolutions Committee for appropriate action.

Committee to Study an Insurance Problem. The following recommendations contained in the report of the Committee to Study an Insurance Problem were approved by the House of Delegates upon motion of Dr. Chesney

"The Committee recommends that all such commercial insurance fees be collected in the same manner as the non-profit insurance, i.e., (1) by the physician who accepts the responsibility of the patient or (2) by an authorized officer, a physician, to go into a fund for furtherance of graduate medical education."

Legislative Committee. The recommendation of the Chairman of the Legislative Committee with reference to the employment of a Legislative agent for the long session of the State Legislature was brought to the attention of the House of Delegates as a matter of information.

Maternal and Child Welfare Committee. The report of the Maternal and Child Welfare Committee was approved by the House of Delegates. It was brought to the attention of the delegates that the Committee is anxious to review all deaths of women who are, or who recently have been pregnant even though the death is evidently not maternal. Since the only source of information is the death certificate, the physicians are urged to note on this document the fact that the patient was pregnant or had recently delivered.

New Building Committee. The report of the New Building Committee was presented by Dr. Pincoffs who ruled that no action could be taken on the recommendation of making an additional assessment per member, as this was a matter of policy and therefore would be referred to the Resolutions Committee.

Postgraduate Educational Committee. The report of the Postgraduate Educational Committee was summarized by Dr. Pincoffs and elaborated upon by Dr. Stafford, the Chairman of that Committee. No action was taken.

Committee on Rural Medicine. The report of the Committee on Rural Medicine was summarized by Dr. Pincoffs and the problem of enrollment in Blue Cross by members of rural communities was discussed. It was moved by Dr. Parsons and seconded by Dr. Christensen that the House of Delegates authorize the officers of the Faculty to initiate a study of present payment insurance practices and offer some solution of remedying the present defect.

Advisory Committee to the State Health Department. Dr. Chesney pointed out that this Committee unanimously recommends approval of the proposed survey by the Department of Health of fatal accidents other than industrial and traffic in the counties of Maryland. The recommendation specified that the investigating approach to the family in every instance should be through the family physician. The recommendation was unanimously approved.

Committee to Study Question of Placing "M.D." on Automobile License Plates. Dr. Pincoffs stated that inadvertently the report of Dr. Koontz's committee regarding the use of distinctive automobile license plates for physicians had been omitted from the Summary of Reports supplied to the delegates. Dr. Koontz met with the Governor and received a favorable reaction to the recommendation that doctors' automobile license plates carry the letters "M.D." Subsequently, however, the Commissioner of Motor Vehicles found it impossible to comply with the request.

Blue Cross and Blue Shield. Dr. Jewett personally reported to the House of Delegates on the present status of Blue Cross and Blue Shield in the State. No action was required.

Committee for the Study of Certain Phases of Medical Economics. At the request of Dr. Moyers, there was general discussion of the report of the Committee for the Study of Certain Phases of Medical Economics. Upon motion of Dr. Etienne, and duly seconded, the following recommendations were adopted:

1. The Medical and Chirurgical Faculty of Maryland places itself on record as supporting Bills H.R. 10 and H.R. 11 and will so inform the Maryland Senators and Congressmen. Component Societies are to be notified of this action and to be requested to also inform the Maryland Senators and Congressmen.

2. The Medical and Chirurgical Faculty commends Mr. J. W. Holloway, Jr., Director of the American Medical Association Bureau of Legal Medicine and Legislation on his effort to change the tax ruling on postgraduate education.

The meeting adjourned at 4:15 p.m.

Respectfully submitted,

GEORGE H. YEAGER, M.D., *Secretary*
EVERETT S. DIGGS, M.D., *Assistant Secretary*

FIRST SESSION

Tuesday, April 28, 1953, 2 p.m.

The 204th meeting of the House of Delegates was called to order on Tuesday, April 28, 1953 in the Deutsches Haus, 1212 Cathedral Street, Baltimore, with Dr. Maurice C. Pincoffs, President, presiding.

The roll call was by registration and the following members were present: Doctors Conrad Acton, David H. Andrew, Charles R. Austrian, D. F. Bartley, O. H. Binkley, Helen Bowie, Otto C. Brantigan, Read N. Calvert, R. V. Campbell, F. E. Chatard, J. A. Chatard, Alan M. Chesney, Thomas C. Christensen, Bernard J. Cohen, Melvin B. Davis, Leslie E. Daugherty, Everett S. Diggs, Richard C. Dodson, C. Reid Edwards, Monte Edwards, Wolcott Etienne, John S. Fenby, Whitmer B. Firor, Palmer H. Futcher, Bowie L. Grant, Donald B. Grove, Wilson Grubb, William Hanks, John M. Haws, Alan D. Houser, Robert F. Healy, James G. Howell, Hugh J. Jewett, Emmett L. Jones, James R. Karns, Harry F. Klinefelter, Jr., J. H. Mason Knox, III, William B. Long, Hunter R. Mann, Jr., W. Kenneth Mansfield, James T. Marsh, W. O. McLane, Hugh B. McNally, Claude W. Mitchell, Zachariah R. Morgan, Waldo B. Moyers, William D. Noble, Richard C. Norment, III, Edmund R. Novak, Thomas R. O'Rourk, John W. Parsons, A. Austin Pearre, Ross Z. Pierpont, Maurice C. Pincoffs, M. C. Porterfield, Norman E. Sartorius, Jr., John E. Savage, Richard T. Shackelford, W. H. Townshend, Jr., William W. Welsh, T. B. Whaley, A. F. Whitsitt, Arthur O. Wooddy, Theodore E. Woodward and George H. Yeager.

The reading of the minutes of the meeting held on Monday, April 27, 1953, were dispensed with upon duly approved motion.

Dr. W. Allen Griffith, College Park, Prince George's County, upon nomination of the Prince George's County Medical Society, and recommendation of Council, was approved for emeritus membership.

Dr. A. Austin Pearre, Chairman of the Committee on Constitution and By-Laws, presented contemplated amendments to the Constitution and By-Laws (see pages 457–460 for proposed amendments). Each proposed amendment after being read was discussed from the floor.

Constitutional amendments comprising Article V, Section 2; Article VI, Section 2 and Article VII, Section 3, were not modified by the House of Delegates, and are to be presented for final action at the Annual Meeting in April 1954. (See pages 457–458.)

The proposed modification to Article XI, Section 2, relative to Funds and Expenses evoked considerable discussion. It was considered unacceptable and the House of Delegates recommended that it be referred back to the Committee on Constitution and By-Laws for further study and re-wording. (See page 458.)

After presentation of the proposed changes in the Constitution, Dr. Pearre presented the following proposed changes in the By-Laws (see page 458):

Chapter II—Dues and Assessments
Section 1. Active Members.
Change: $20.00 to read $30.00
Change: $35.00 to read $45.00
Section 1. a. Change: $20.00 to read $30.00
Section 1. b. Change: $35.00 to read $45.00
Section 1. d. To be deleted
Section 1. Last paragraph. The words "assessment is" to read "DUES ARE"

House of Delegates' action referred this back to the Committee on Constitution and By-Laws for further study. In referring it back to the Committee, two alternative proposals, as follows were recommended for study, e.g.,

Presented by Dr. Mansfield, Baltimore City:
Chapter II—Dues and Assessments
Section 1. Active Members. Funds shall be raised by per capita dues to be paid by every member of the Component Societies. The amount of the dues shall be $30.00 per capita per annum for active members in the County Societies and $40.00 for active members of the Baltimore City Medical Society, with the following exceptions: b. In the Baltimore City Medical Society the following rate shall prevail: for the first year in private practice the dues shall be $15.00 per capita per annum; for the second year, $25.00; and the third year and thereafter $40.00.

Presented by Dr. Mitchell, Montgomery County:
Chapter II—Dues and Assessments
Section 1. Active Members. Inasmuch as there has always been a proportional assessment between the County Societies and the City of Baltimore, that an attempt be made to maintain this by making a 50% proportional increase in assessment by which "$20.00" would be changed to read "$30.00" and "$35.00" would be changed to read "$52.50."

It was further requested that the $3.00 annual dues for each member of the Baltimore City Dental Society be explained. (See page 458.)

Chapter VIII, Section 8. Professional Conduct Committee. Dr. Etienne presented the following addition to the proposed change in this By-Law (see pages 425, 459):

The provisions of this section shall not be in effect against Component Society members providing such Society shall have in effect a regularly constituted Professional Conduct or Grievance Committee unless referred to the Faculty Committee by the constituent society. (See page 425.)

In the proposed amendment: Chapter VII, Section 6 (c) and in the proposed amendment, Chapter IX, Section 9 (see pages 425, 459, and 460), Dr. Welsh recommended that the words "each subsequent year to and including" be struck out. It was also moved that the proposed amendment to Chapter I, Section 4, shall not be as proposed but that it shall stand as it is written with the addition "as applied to alleged malpractice occurring after he became an emeritus member but not as applied to alleged malpractice occurring during the time of his practice during which he was in all other respects eligible."

Dr. Noble, Chairman of the Resolutions Committee, presented the following resolutions (see pages 423–424 for resolutions):

1. Resolution from the Montgomery County Medical Society that the House of Delegates request the Governor to give consideration to the appointment of a practicing physician from the counties of Maryland in filling the vacancy on the State Board of Health. This was presented to the House of Delegates with the approval of the Resolutions Committee. The House of Delegates concurred.

2. A request, that a pathologist be included in the nominations for membership in the Board of Medical Examiners of Maryland, was presented to the House of Delegates with the recommendation that the resolution should be referred to the Council of the Medical and Chirurgical Faculty for action. Dr. Klinefelter moved acceptance of this recommendation. Dr. Porterfield seconded the motion. It was the consensus of the House of Delegates that it would be unwise to have every specialty represented on the Board. The original request was lost by majority vote.

3. A resolution from the Anne Arundel County Medical Society in reference to the "Doctor Draft" Law (Public Law #779) was disapproved by the Committee, and the House of Delegates concurred. The Committee then submitted a resolution presented by Dr. R. Walter Graham, Jr., with committee endorsement. The House of Delegates approved Dr. Graham's resolution.

4. A resolution with reference to the establishment of a fund for needy doctors, was presented to the House of Delegates with Committee approval. The House of Delegates concurred.

A request from the Heart Association of Maryland, for endorsement for a contemplated study for the establishment of a work classification unit for cardiac patients, was approved in principle.

Dr. Chatard presented a resolution thanking the Woman's Auxiliary of the Baltimore City Medical Society for the excellent work done during the past year and for the splendid social affair that inaugurated the opening of the Annual Meeting. Dr. Binkley, who endorsed the resolution, expressed the hope that the dance would become an annual affair. The House of Delegates unanimously adopted the resolution, which follows:

"Be it Resolved, that the House of Delegates of the Medical and Chirurgical Faculty of Maryland wishes to extend to The Woman's Auxiliary to the Baltimore City Medical Society our sincere appreciation and thanks for the wonderful work they have done for our Faculty in the last year, and wishes to call attention to their efforts in planning and carrying to its great success, the first large dance and floor show on Monday, April 27th—a most enjoyable occasion."

The meeting was then recessed for five minutes.

SECOND SESSION

Tuesday, April 28, 1953

The 205th meeting of the House of Delegates, held on Tuesday, April 28, 1953, was reconvened after a five minute recess. Dr. Pincoffs, the President, called the Second Session to order.

Dr. Melvin B. Davis, Chairman of the Nominating Committee, presented the nominations of the Nominating Committee for the Officers etc., for 1954, as follows:

NOMINATIONS FOR 1954

President	Bender B. Kneisley, Hagerstown
Vice-Presidents	E. Paul Knotts, Denton Ernest I. Cornbrooks, Jr., Baltimore Ralph G. Hills, Baltimore
Secretary	Everett S. Diggs, Baltimore
Treasurer	J. Albert Chatard, Baltimore
Councilors	A. Talbott Brice, Jefferson (1956) Harry C. Hull, Baltimore (1956) W. Oliver McLane, Jr., Frostburg (1956) W. Glenn Speicher, Westminster (1956)
Delegate to American Medical Association	Howard M. Bubert, Baltimore (1954, 1955)
Alternate Delegate to American Medical Association	Whitmer B. Firor, Baltimore (1954, 1955)
Committee on Scientific Work and Arrangements	Beverley C. Compton, *Chairman*, Baltimore William L. Garlick, Baltimore Edwin H. Stewart, Jr., Baltimore
Library Committee	E. T. Lisansky, Baltimore (1958)
Finney Fund Committee	Herbert E. Wilgis, Baltimore (1958)
Board of Medical Examiners	Henry T. Collenberg, Baltimore (1957) Samuel McLanahan, Baltimore (1956) (to fill unexpired term of Edward M. Hanrahan, Jr., deceased) Norman E. Sartorius, Jr., Pocomoke City (1957)

Nominating Committee

Melvin B. Davis, *Chairman*, Dundalk
Leslie E. Daugherty, Cumberland
Albert E. Goldstein, Baltimore
Harry C. Hull, Baltimore
Harold B. Plummer, Preston

Dr. Pincoffs asked for nominations from the floor. There were no nominations from the floor. Dr. Pincoffs announced, therefore, that the nominations are closed and the election takes place at the THIRD SESSION of the House of Delegates (Wednesday, April 29th, at 9:30 a.m.) at the Deutsches Haus, Second Floor auditorium, WITH THE EXCEPTION of the Board of Medical Examiners, which takes place at 12:00 noon, in Osler Hall on *WEDNESDAY, April 29th.* All members who are in good standing are eligible to vote for the Board of Medical Examiners.

Dr. W. O. McLane, Jr., Allegany-Garrett County, moved that a special assessment of ten dollars ($10.00) be levied on all active, full dues paying members of the Faculty for 1953. This was subsequently amended by Dr. Arthur O. Wooddy of Charles County stipulating that this assessment should be collectable by July first, 1953. The amendment evoked considerable discussion from the floor, but was carried by an overwhelming majority vote.

Dr. Waldo B. Moyers, Prince George's County, presented a recommendation with reference to the contemplated change in the By-Laws, Chapter II, Dues and Assessments. It was recommended that the By-Law relating to Dues and Assessments, not be voted on at this meeting, but that the President appoint a Committee of five members made up of County and City Delegates to confer with the Committee on Constitution and By-Laws in the study of this problem and to present a realistic solution not less than sixty (60) days before the Semi-annual Meeting in 1953. The recommendation was unanimously adopted.

The meeting adjourned at 5:00 p.m.

Respectfully submitted,
GEORGE H. YEAGER, M.D., *Secretary*

REPORT OF THE RESOLUTIONS COMMITTEE

Mr. President and Members of the House of Delegates:

In conformity with the Constitution and By-Laws, the President appointed the following Resolutions Committee: Dr. William D. Noble, Chairman, Easton, Dr. Charles R. Austrian, Baltimore, Dr. Robert V. Campbell, Hagerstown, Dr. F. Ford Loker, Baltimore, and Dr. M. C. Porterfield, Hampstead.

After reviewing the attached Resolutions which were received by the Committee, the following action was taken by the Resolutions Committee:

1. The Resolution from the Montgomery County Medical Society, recommending that the Medical and Chirurgical Faculty request Governor Theodore R. McKeldin to give consideration to the appointment of a practicing physician from one of the counties of Maryland to fill the vacancy in the membership of the State Board of Health, created by the death of Dr. T. S. Cullen was approved by the Resolutions Committee. Following is the Resolution:

WHEREAS, a vacancy exists in the membership of the State Board of Health, because of the death of Dr. Thomas S. Cullen, a member of the Board for many years, and

WHEREAS, the present membership of the State Board of

Health does not include a practitioner of medicine from the Counties of Maryland, and

WHEREAS, it is believed that the work of the State Department of Health will be benefitted and strengthened if a practicing physician from the Counties is included in the membership of the State Board of Health, therefore

BE IT RESOLVED, that the House of Delegates of the Medical and Chirurgical Faculty request Governor Theodore R. McKeldin to give consideration to the appointment of a practicing physician from the Counties of Maryland in filling the present vacancy in the membership of the State Board of Health. Submitted by L. Marshall Cuvillier, M.D., Secretary, for the Montgomery County Medical Society.

2. The Resolution submitted by the Maryland Society of Pathologists, requested that a pathologist be included in the nominations for membership on the Board of Medical Examiners of Maryland. It is the opinion of the Committee that this Resolution should be referred to the Council of the Medical and Chirurgical Faculty for action. Following is the Resolution:

It is the studied opinion of the Members of the Maryland Society of Pathologists, Inc. that, whereas clinical pathology and pathologic anatomy are an integral part of the examination given by the Maryland State Board of Medical Examiners, it is recommended for your consideration that a pathologist be included in the nominations made by the Council for membership on the Maryland State Board of Medical Examiners. Submitted by Tobias Weinberg, M.D., Secretary-Treasurer, for the Maryland Society of Pathologists.

3. Resolutions (2) from the Anne Arundel County Medical Society in reference to the "Doctor Draft" Law (Public Law #779) were disapproved, and the Committee approved the one submitted by Dr. R. Walter Graham, Jr. Following are the Resolutions:

RESOLUTION #1. *RESOLVED, that the "Doctor Draft" Law (Public Law #779), be revised to provide that physicians, who have not reached their 51st birthday, be divided into two groups;*

GROUP A—*those physicians never having military service, these men to be called according to age, the youngest being called first.*

GROUP B—*those physicians who have had military service since September 15, 1940; these men to be called according to the length of military service, those with the least service being called first.*

GROUP B *shall not be called until Group A is completely exhausted.*

RESOLUTION #2. *RESOLVED, that this draft law (Public Law #779), being a special draft law for professional people, should be taken out of the hands of local Selective Service Boards and put in the hands of a special Selective Board, one for each county or medical society district. This special Selective Service Board shall consist of 8 members, as follows: two laymen, three doctors of medicine, two doctors of Dentistry and one doctor of Veterinary Medicine.*

BE IT FURTHER RESOLVED, that copies of these resolutions be sent to the following: The Congressman from Anne Arundel County; The U. S. Senators from Maryland; The Medical and Chirurgical Faculty. Submitted by J. Howard Beard, M.D., Secretary-Treasurer, for the Anne Arundel County Medical Society. (Resolution disapproved by Committee.)

* * * * *

The House of Delegates of the Medical and Chirurgical Faculty hereby resolves that the present Doctors Draft Law, Public Law #779, should be extended by the Congress for two years, beginning from July 1, 1953.

IT IS FURTHER RESOLVED, that the $100.00 a month bonus incentive pay offered by the present Law should be continued and that the period of service for those professional men who have previously served in the military forces for twelve months since receiving their degree in their specialty should be reduced from twenty-four to seventeen months of further military duty.

IT IS FURTHER RESOLVED, that those professional men who have served twelve months of military duty since June 25, 1950, should not be recalled for service within the immediate future.

BE IT FURTHER RESOLVED, that a copy of this Resolution be sent to all members of the Congress representing the State of Maryland. Submitted by R. Walter Graham, Jr., M.D.

4. The Resolution from the Dorchester County Medical Society, recommending that a fund be established in the State Office of the Medical and Chirurgical Faculty which would be available for needy physicians, was approved in principle with the recommendation that the Chair or President appoint a committee to investigate the need for it, and if the Committee finds it feasible to raise such a fund, to report the findings to the House of Delegates for consideration of the original Resolution. Following is the resolution:

RESOLVED, that our Delegate to the State Society be instructed to suggest at the Annual Meeting in April, that a fund be established in the State Office of the Medical and Chirurgical Faculty which would be available for needy physicians. This was duly seconded and passed. Submitted by W. H. Hanks, M.D., Delegate, for the Dorchester County Medical Society.

Respectfully submitted,
WILLIAM D. NOBLE, M.D., *Chairman*
CHARLES R. AUSTRIAN, M.D.
ROBERT V. CAMPBELL, M.D.
F. FORD LOKER, M.D.
M. C. PORTERFIELD, M.D.

THIRD SESSION

Wednesday, April 29, 1953, 9:30 a.m.

The 206th meeting of the House of Delegates was called to order by the President, Dr. Maurice C. Pincoffs, at 9:30 a.m. in the Deutsches Haus, 1212 Cathedral Street, Baltimore.

The roll call was by registration and the following members were present: Doctors Conrad Acton, E. Cowles Andrus, D. F. Bartley, O. H. Binkley, J. W. Bird, Helen Bowie, Otto C. Brantigan, Read N. Calvert, R. V. Campbell, F. E. Chatard, J. A. Chatard, T. A. Christensen, B. J. Cohen, M. B. Davis,

E. S. Diggs, R. C. Dodson, C. Reid Edwards, W. L. Etienne, J. S. Fenby, Whitmer B. Firor, P. H. Futcher, Wilson Grubb, W. H. Hanks, J. M. Haws, J. G. Howell, Hugh J. Jewett, E. L. Jones, J. R. Karns, H. F. Klinefelter, Jr., J. H. M. Knox, III, D. B. Grove, H. R. Mann, Jr., W. K. Mansfield, J. T. Marsh, W. O. McLane, Jr., H. B. McNally, C. W. Mitchell, Z. R. Morgan, W. D. Noble, E. R. Novak, T. R. O'Rourk, J. W. Parsons, M. C. Porterfield, N. E. Sartorius, Jr., R. T. Shackelford, W. K. Waller, H. N. Ward, W. W. Welsh, A. F. Whitsitt, A. O. Wooddy, T. E. Woodward and G. H. Yeager.

The minutes of the previous meeting, held on Tuesday, April 28, 1953, were dispensed with upon appropriate motion.

The following officers, on proper nomination, were unanimously elected:

President	Bender B. Kneisley, Hagerstown
Vice-Presidents	E. Paul Knotts, Denton Ernest I. Cornbrooks, Jr., Baltimore Ralph G. Hills, Baltimore
Secretary	Everett S. Diggs, Baltimore
Treasurer	J. Albert Chatard, Baltimore
Councilors	A. Talbott Brice, Jefferson (1956) Harry C. Hull, Baltimore (1956) W. Oliver McLane, Jr., Frostburg (1956) W. Glenn Speicher, Westminster (1956)
Delegate to American Medical Association	Howard M. Bubert, Baltimore (1954, 1955)
Alternate Delegate to American Medical Association	Whitmer B. Firor, Baltimore (1954, 1955)
Committee on Scientific Work and Arrangements	Beverley C. Compton, *Chairman*, Baltimore William L. Garlick, Baltimore Edwin H. Stewart, Jr., Baltimore
Library Committee	E. T. Lisansky, Baltimore (1958)
Finney Fund Committee	Herbert E. Wilgis, Baltimore (1958)

Dr. Pincoffs announced that the election of members to the Board of Medical Examiners would take place today, at 12:00 noon, in Osler Hall, 1211 Cathedral Street.

Dr. A. Austin Pearre, Chairman of the Committee on Constitution and By-Laws, reviewed the proposed amendments to the Constitution and By-Laws as presented to the House of Delegates in its first session, April 28, 1953. (See pages 421 to 422 for action.)

Article VIII. (See page 458.)
Section 2. Sessions and meetings—approved.

Chapter I—Membership. (See page 460.)
Section 4. Emeritus members—approved.

Chapter VII. (See page 459.)
Section 6. (c) As presented by the Constitution and By-Laws was lost by a majority vote. A modification of this amendment, as proposed by Dr. Welsh, was carried by unanimous vote. In the proposed amendment, Chapter 9, Section 9, the words "each subsequent year to and including" are to be struck out. (See page 460.)

Chapter VIII

Section 1. (See page 459.) Standing Committees. Approved.

Section 8. (See page 459, 460.) Approved. The following additional paragraph as proposed by Dr. Etienne was lost: "The provisions of this section shall not be in effect against Component Society members providing such Society shall have in effect a regularly constituted Professional Conduct or Grievance Committee unless referred to the Faculty Committee by the constituent society."

Section 10. (See page 460.) Approved.

Chapter IX
Section 9. (See page 460.) As presented by the Constitution and By-Laws Committee was lost. A modification presented by Dr. Welsh eliminating the words "each subsequent year to and including" was unanimously endorsed.

Dr. Chesney made some brief comments on the financial difficulties of the County Medical Care Program. He explained that the budget had been cut by $100,000.00. The Council on Medical Care requested the support of the members of the House of Delegates with the hope that they will express their opinion to their appropriate State legislators. Dr. Marsh and Dr. Bird supported the remarks of Dr. Chesney. Dr. Futcher raised the question as to whether a Resolution with reference to the problem would be helpful in obtaining additional money. Dr. Chesney stated in his opinion such an action was not indicated at this time.

Dr. Klinefelter presented the following Resolution:

The National Arthritis and Rheumatism Foundation has for the last five years been promoting research, education, and treatment in the field of the rheumatic diseases.

The Maryland Chapter of the Arthritis and Rheumatism Foundation has been conducting clinics in almost all the counties of the State for the last year, in cooperation with the County Medical Societies. Only patients referred by the local physicians are seen and only a consultation type of service is rendered, without charge and preferably with the patient's physician in attendance.

Be it resolved that the House of Delegates endorse the service being rendered by the Maryland Chapter of the Arthritis and Rheumatism Foundation and encourage the doctors of the counties to refer their patients to the county clinics.

This Resolution regarding County Clinics evoked considerable discussion from the floor. Drs. Welsh, Campbell, Acton, Shackelford, and Wooddy, made comments with reference to the activities of the group. Dr. Welsh questioned the advisability of endorsing a multiplicity of organizations. Dr. Klinefelter stated that there would not be an Arthritic Clinic established in any County without prior County Medical Society approval. Dr. Shackelford stated that if permission for the establishment of clinics was obtained at the local level, he did not see any reason for presentation to the House of Delegates for general approval. The Resolution was lost by majority vote.

Dr. Theodore Woodward made a brief announcement with reference to the Semiannual Meeting and the necessity of making reservations.

Dr. C. Reid Edwards briefly discussed the structure of the State Society and emphasized the necessity for the development of a strong organization with sound financial support.

There being no further business to come before the meeting, adjournment followed at 10:45 a.m.

Respectfully submitted,

GEORGE H. YEAGER, M.D., *Secretary*

GENERAL MEETING

Wednesday, April 29, 1953

12:00 Noon, Osler Hall

Election of State Board of Medical Examiners of Maryland

The election for three new members of the Board of Medical Examiners of Maryland was held at 12:00 noon, Wednesday, April 29, 1953, one of whom is to fill the unexpired term of Dr. Edward M. Hanrahan, Jr., deceased. The meeting was called to order by the President, Dr. Maurice C. Pincoffs. Three nominations were introduced from the House of Delegates, which nominated Drs. Henry T. Collenberg, Samuel McLanahan, and Norman E. Sartorius, Jr. Nominations were requested from the floor.

There being no additional nominations, it was moved, seconded, and unanimously carried, that the following be elected to the Board of Medical Examiners of Maryland: Henry T. Collenberg, M.D., Baltimore, (1957), Samuel McLanahan, M.D., Baltimore, (1956) (to fill unexpired term of Edward M. Hanrahan, Jr., deceased) and Norman E. Sartorius, Jr., M.D., Pocomoke City, (1957).

NEW EXHIBITS READY FOR SHOWINGS

AMA NEWS NOTES, VOLUME 2, No. 7

With county fair time just around the corner, the AMA's Bureau of Exhibits announces the completion of two new exhibits . . . one on nutrition and the other a portable version of "Health Today," the popular display showing that the American people enjoy better health today than ever before. If you want additional information, write to the Bureau of Exhibits, A. M. A., 535 N. Dearborn Street, Chicago 10, Illinois

* * * *

NEW FILM RATES "A" AS PR AID

AMA NEWS NOTES, VOLUME 2, No. 7

Democracy in action exemplified in a new motion picture film—"A Citizen Participates"—shows how members of a rural community can work together to get a physician. Produced by the Centron Corporation and cleared by the American Medical Association, this film should be a valuable public relations tool for state and county medical societies. The film may be obtained on loan from Young America Films, Inc., for showings to various organizations and business groups in your community. Running time—27 minutes. For further information contact: Young America Films, Inc., 18 East 41st Street, New York 17, N. Y.

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IV CONGRESS OF THE PAN AMERICAN MEDICAL WOMEN'S ALLIANCE

The IV Congress of the Pan American Medical Women's Alliance will be held at the Beekman Towers Hotel, First Avenue and 49th Street, New York, from September 24 through October 1, 1953. The morning hours will be given over to a scientific program of general interest. There will be round-table luncheon discussions with leaders speaking Spanish and English. Through the sponsorship of leading New York medical women those interested in a special field will have opportunities to attend clinics of their choice. The Medical Women's Association of New York is serving as hostess and planning a most delightful program, including tours of the New York Hospital–Cornell Medical Center and Columbia–Presbyterian Medical Center, a boat trip around Manhattan Island, tour and luncheon at the United Nations, visits to Radio City and the Empire State Building, and a drive to Hyde Park. Hotel reservations should be made direct with the hotel.

REPORTS[1,2]

To the House of Delegates

SECRETARY

Mr. President and Members of the House of Delegates:

There is a total membership in the Medical and Chirurgical Faculty of 2,430.[3] Statistical report, see page 428. By January 31, 1953, every member in the following Component Societies had paid his dues: Anne Arundel, Calvert, Caroline, Cecil, Charles, Dorchester, Howard, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington and Wicomico.

More than one-half of the membership has paid the 1953 American Medical Association dues. The following are the statistics to April 7, 1953:

Baltimore City paid through 1953	775	
Counties paid through 1953	503	
	—	1,278
Baltimore City paid through 1952	174	
Counties paid through 1952	133	307
		1,585

This is my last annual report as Secretary of the Medical and Chirurgical Faculty. During the time I have been in office, it has been stimulating to see the active part the Medical Profession assumes in the State to improve the health of its citizens. The Association never remains static as the reports of the other Officers and Committees indicate.

It is of interest that the Faculty Building is being used a great deal more each year, not only for its own activities, but those of other groups allied to medicine. As you know, the regular meetings of the Baltimore City Medical Society, its Sections and Committees convene here, but among the other groups who have used the building are several of the hospitals for their joint staff meetings, Advisory Committees to the Medical Care Committee of the Maryland State Planning Commission, symposia under the auspices of the joint Bar Association and Medical and Chirurgical Faculty, Sinai Hospital Alumni group, Civil Defense, the Baltimore Psychoanalytic Society and the Maryland Society for Medical Research. The Baltimore City Woman's Auxiliary holds its meetings in Osler Hall. The Nurse Recruitment project of the Woman's Auxiliary is holding an all day meeting in Osler Hall. In the Library a tea for a regional Medical Library Association group was held on April 11, 1953. The rooms on the third floor are being used gratis for offices by the Committee on Medical Care of the State Planning Commission and the Committee for the Study of Pelvic Cancer. These functions greatly increase the work of those taking care of the maintenance of the building.

One of the Trimble lecturers for the Annual Meeting, 1952, failed to file a copy of his manuscript with the Faculty. This has always been a requisite in regard to all lectureships under the special funds designated for this purpose. The Chairman of Council has referred to this and the action of the Council in his report. The viewpoint of the Editorial Board not to publish this paper in the Journal unless edited by the author was upheld, and the Secretary was so instructed.

As a result of the House of Delegates action last April in approving the recommendations of the Secretary, the Small Hall has been redecorated and converted into an office for the staff. With new lighting, telephones, better ventilation and more space between desks, the staff finds the physical working conditions improved. It is hoped that every member will take the time while attending these meetings to "drop in" and see the improved office facilities.

When funds are available, other improvements will be made. The three small offices need redecorating. These will be utilized in various ways for small committee meetings when the Friedenwald Room is not available, and for Journal, Mimeographing, switchboard, etc. Even now there isn't enough space to work efficiently. Desks, files and other new office equipment are needed.

I would like to express to Mr. Kirkman and the Staff, appreciation for their work and cooperation. It is timely to point out that the office staff realizes that efficiency is handicapped because of an insufficient number of employees. Under present conditions it is impossible to keep current business of the organization up to date. This is due to lack of funds to employ additional stenographers. The salaries of the present staff are not commensurate with the interest shown and work accomplished, nor with present day salary standards. It is expedient to overcome these handicaps if we are to have a Medical Association which is to keep abreast of the times, and which can meet the challenge of the problems with which it is confronted.

Respectfully submitted,
GEORGE H. YEAGER, M.D., *Secretary*

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[1] A summary of these reports, which were submitted by the Officers, Chairman of the Council, A.M.A. Delegates, and the Chairmen of the Committees, was mailed to every Delegate and the President and Secretary of each Component Society prior to the meeting of the House of Delegates on Monday, April 27, 1953.

[2] For Resolutions, Reports, etc. submitted on Tuesday, April 28 and Wednesday, April 29, 1953, see pages 421 to 426.

[3] Membership Roster for March 31, 1952 to March 31, 1953, published in May 1953 Journal.

Secretary's Report
April, 1953

MEMBERSHIP 1952	MEMBERSHIP 1953	PAID IN ADVANCE	COUNTIES	NEW MEMBERS	DECEASED	RESIGNED	REMOVED	DROPPED
77	78	70	Allegany-Garrett County Medical Society	5	3		1	
52	56	56*	Anne Arundel County Medical Society	7	1	1	1	
154	153	137	Baltimore County Medical Society	9	3		7	
1339	1336	1223	Baltimore City Medical Society, Active	82	35	8	42	
89	92	63	Baltimore City Medical Society, Associate	16		5	8	
11	11	11*	Caroline County Medical Society	1	1			
6	6	6*	Calvert County Medical Society					
34	37	32	Carroll County Medical Society	5			2	
18	20	20*	Cecil County Medical Society, Active	2				
11	7	7*	Cecil County Medical Society, Associate	2		4	2	
15	15	15*	Charles County Medical Society	1			1	
20	23	23*	Dorchester County Medical Society	4	1			
50	53	52	Frederick County Medical Society	4			1	
29	31	30	Harford County Medical Society	3	1			
9	10	10*	Howard County Medical Society	1				
10	13	13*	Kent County Medical Society	3				
158	171	163	Montgomery County Medical Society, Active	20		5	2	
48	9	6	Montgomery County Medical Society, Associate	6		45		
72	78	64	Prince Georges County Medical Society, Active	8	1	1		
27	29	9	Prince Georges County Medical Society, Associate	3		1		
9	10	10*	Queen Anne County Medical Society	1				
14	15	15*	St. Mary's County Medical Society	1				
10	13	13*	Somerset County Medical Society	3				
23	28	28*	Talbot County Medical Society	6	1			
70	72	72*	Washington County Medical Society	4	2			
42	49	49*	Wicomico County Medical Society	8		1		
13	14	12	Worcester County Medical Society, Active	1				
1	X		Worcester County Medical Society, Associate			1		
40	41	37	Non-resident membership	5	3	1		
2451	2470	2245		211	52	73	67	

ACTUAL GAIN—19

GAIN—Active Members	57	
Non-resident Members	1	
		58
LOSS— Associate Members	39	
Gain	19	

TREASURER

Mr. President and Members of the House of Delegates:

You will have copies of the financial report of the Treasurer in detail showing receipts and expenditures on page 429.

I wish to emphasize now as in the past that our dues are not sufficient to carry on the work of the Faculty, which work has grown beyond all our anticipated wants. Mr. Kirkman and I recently in a report to the Counties and City Society, showed the needs of the Faculty to do our work properly and the great need of extra office help. When this condition was called to the attention of the Council at its last meeting, it was decided that an additional $10.00 in dues be required of all members, City and State.

This increase in dues is essential, and can only be understood if at different times when convenient to you, you spend a little while (a few hours), in *your* building and in *your* offices and library to see at first hand how much must be done and is being done by your staff for *your* various needs.

Come, see, inquire, and then at first hand information, you will better understand your Faculty. At a distance, without this knowledge you will never be able to realize how much *you owe* for all that is done for *you*.

Respectfully submitted,

J. ALBERT CHATARD, M.D., *Treasurer*

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

Baltimore, Maryland

GENERAL FUND—INCOME AND EXPENSE STATEMENT

For Year Ended December 31st, 1952

Income			
Dues			
Baltimore City Dental Society		$1,407.00	
Baltimore City Medical Society		37,574.50	
County Medical Societies		15,699.50	
Physiotherapists		3.00	
Halls and Offices—Baltimore City Medical Society		400.00	
Halls and Offices—Other		4,830.00	$59,914.00
Meetings—Annual and Semi-Annual—Exhibits			2,750.00
Women's Auxiliary—For Salaries			100.00
Baltimore City Medical Society			
For Salaries		$3,100.00	
For New Equipment		650.00	$3,750.00
American Medical Association—For General Purposes			383.57
Transfers from Consolidated Fund—Income Funds			
Josiah S. Bowen Fund—For General Purposes		$579.39	
Frank C. Bressler Fund—For General Purposes		121.79	
Charles M. Ellis Fund—For General Purposes		1,172.50	
Osler Endowment Fund—For General Purposes		93.89	
Osler Testimonial Fund—For General Purposes		286.73	
John Ruhrah Fund			
For Salaries	$300.00		
For General Purposes	1,747.04	$2,047.04	
Hiram Woods Fund—For General Purposes		148.87	$4,450.21
Transfer from Contingent Fund—Income—For General Purposes			261.00
Miscellaneous Income—Sale of Waste Paper			32.00
Total Income			$71,640.78
Expense			
American Medical Association Educational Fund Committee Expense			$29.88
Accounting Fees—Portion			390.00
Communication Expense—Postage, Telephone and Telegraph			2,803.92
Contributions—National Society for Medical Research			50.00
Fuel			2,323.59
Gas, Electricity and Water			2,120.70
Household and Janitorial Supplies			479.23
Insurance			996.87
Interest Paid			213.50
Journal Expense		$18,062.81	
Less—Subscription Income		17,725.34	$337.47
Legal Fees			625.00
Legislative Committee Expense			68.22
Library Account—Supplies and Expense			55.87
Maintenance of Property			2,319.57
Maryland Unemployment Insurance			81.28
Federal Unemployment Insurance			94.36
Social Security Tax			1,285.45

Meetings—Annual and Semi-Annual	4,847.85	
Miscellaneous Expense	2,426.64	
Purchase of Equipment	2,206.75	
Office Supplies	1,443.56	
Printing	1,384.31	
Salaries	44,575.80	
Travel	713.07	
Total Expense		$71,872.89
December 31st, 1952—Excess of Expense over Income		232.11

GENERAL FUND—DEFICIT ACCOUNT

January 1st, 1952—Balance to Debit of Account	$5,947.51
Addition	
Excess of Expense over Income—For Year Ended December 31st, 1952—Exhibit B	232.11
December 31st, 1952—Balance to Debit of Account	6,179.62

CONSOLIDATED FUND—INCOME FUNDS—INCOME AND EXPENSE STATEMENT

For Year Ended December 31st, 1952

Income			
Income from Consolidated Fund Investments			
Bonds			
United States Government and Municipal	$917.73		
Public Utility, Railroads, etc.	1,094.90	$2,012.63	
Stocks			
Common	$8,699.68		
Preferred	392.19	$9,091.87	
Interest Special Savings Account—Maryland Trust Company		16.46	
		$11,120.96	
Less—Agencies Fees		442.40	
Net Income from Investments			$10,678.56
Interest on Savings Accounts—Maryland Trust Company			193.30
Total Income			$10,871.86
Expense			
Special Purposes		$539.73	
Library Purposes		4,247.70	
General Purposes—Mimeographing		160.00	
Transfers to General Fund			
Salaries	$300.00		
General Purposes	4,150.21	$4,450.21	
Total Expense			$9,397.64
December 31st, 1952—Excess of Income over Expense			$1,474.22

CONSOLIDATED FUND—INCOME FUNDS BALANCE

January 1st, 1952 to December 31st, 1952

January 1st, 1952—Balance to Credit of Account	$25,173.97
Additions	
Excess of Income over Expense—For Year Ended December 31st, 1952	1,474.22
December 31st, 1952—Balance to Credit of Account	$26,648.19

CONSOLIDATED FUND—INCOME FUNDS
RECEIPTS, EXPENDITURES AND BALANCES
January 1st, 1952 to December 31st, 1952

FUND	BALANCES JANUARY 1ST, 1952	RECEIPTS: Interest on Savings Accounts	RECEIPTS: Income from Investments — Per Cent	RECEIPTS: Income from Investments — Amount	SUB-TOTAL	EXPENDITURES: Special Purposes	EXPENDITURES: Library Purposes	EXPENDITURES: General Purposes	EXPENDITURES: Transfer to General Fund	BALANCES DECEMBER 31ST, 1952	BALANCES—DECEMBER 31, 1952 REPRESENTED BY: Savings Accounts Balances	Additions: Undeposited Receipts	Additions: Investment	Deductions: Due Principal Fund	Deductions: Due General Fund	Balances December 31st, 1952
Baker	$79.33	$.70	.47	$50.19	$130.22		$32.70			$97.52	$87.08	$10.44				$ 97.52
Barker, Lewellys F	91.75	.90	.31	33.10	125.75		4.50			121.25	114.37	6.88				121.25
Bowen, Josiah S	731.32	18.35	6.85	731.48	1,481.15			160.00	579.39	741.76	1,218.97	152.09		629.30		741.76
Bressler, Frank C	151.10	2.05	1.44	153.76	306.91				121.79	185.12	153.15	31.97				185.12
Cordell, Eugene Fauntleroy	4,525.10	30.00	3.03	323.56	4,878.66	7.36				4,871.30	4,804.02	67.28				4,871.30
Ellis, Charles M	None	None	10.98	1,172.50	1,172.50				1,172.50	None	None	243.79			243.79	None
Finney, John M. T	1,351.37	17.20	6.79	725.08	2,093.65		681.71			1,411.94	1,261.18	150.76				1,411.94
Frick, William F	3,236.07	29.35	11.74	1,253.67	4,519.09		1,534.86			2,984.23	2,723.56	260.67				2,984.23
Friedenwald, Julius	159.00	2.00	.59	63.00	224.00	108.25				115.75	102.65	13.10				115.75
Harlan, Herbert	60.55	.50	.66	70.48	131.53		12.60			118.93	104.28	14.65				118.93
McCleary, Standish	72.62	.70	.62	66.21	139.53		10.00			129.53	115.76	13.77				129.53
Osler Endowment	695.09	9.90	1.11	118.54	823.53				93.89	729.64	704.99	24.65				729.64
Osler Testimonial	953.38	13.55	6.78	724.01	1,690.94		230.89		286.73	1,173.32	1,022.78	150.54				1,173.32
Ruhrah, John	10,058.83	30.00	41.31	4,411.31	14,500.14		1,601.58		2,047.04	10,851.52	4,884.30	917.22	5,050.00			10,851.52
Stokes, William Royal	1,801.20	22.60	3.46	369.47	2,193.27		138.86			2,054.41	1,977.59	76.82				2,054.41
Trimble, Isaac Ridgeway	892.62	11.25	2.10	224.25	1,128.12	424.12				704.00	657.37	46.63				704.00
Woods, Hiram	314.64	4.25	1.76	187.95	506.84				148.87	357.97	318.89	39.08				357.97
Totals	$25,173.97	$193.30	100.00	$10,678.56	$36,045.83	$539.73	$4,247.70	$160.00	$4,450.21	$26,648.19	$20,250.94	$2,220.34	$5,050.00	$629.30	$243.79	$26,648.19

CONSOLIDATED FUNDS—AMOUNTS IN PRINCIPAL FUND

December 31st, 1952

FUND	PURPOSE	AMOUNT
Baker	Books on Materia Medica	$870.50
Barker, Lewellys F.	Library	520.00
Bowen, Josiah S.	General	11,807.29
Bressler, Frank C.	General	2,400.00
Cordell, Eugene Fauntleroy	Relief of Widows and Orphans	4,847.97
Ellis, Charles M.	General	6,000.00
Finney, John M. T.	Books, Journals and Lectureships on Surgery	11,181.32
Frick, William F.	Maintenance Frick Library, Purchase Books and Journals	20,000.00
Friedenwald, Julius	Maintenance of Friedenwald Room	1,000.00
Harlan, Herbert	Books on Ophthalmology	1,015.00
McCleary, Standish	Lectureships and Books on Pathology	1,000.00
Osler Endowment	Permanent Endowment for Books and Buildings, by request of Dr. Osler	1,860.98
Osler Testimonial	Medical Books and Maintenance of Osler Hall	10,316.99
Ruhrah, John	Library, Books and Journals, etc.	54,317.86
Stokes, William Royal	Lectureships and Books on Bacteriology	4,119.59
Trimble, Isaac Ridgeway	Lectureships Only	3,519.25
Woods, Hiram	General	3,000.00
		$137,776.75

FUNDS INVESTED IN FIXED ASSETS—PRINCIPAL

December 31st, 1952

January 1st, 1952—Balance to Credit of Account		$391,739.71
Additions		
January 18th, 1952—One 55″ Grey Steel Secretarial Desk	$167.00	
January 22nd, 1952—Two 11″ Underwood Typewriters	293.90	
February 8th, 1952		
One 55″ Grey Steel Secretarial Desk	167.00	
One Grey Steel Four Drawer Letter Size File	83.50	
March 26th, 1952—Installation of Ventilating System	777.90	
April 19th, 1952—One Ekotape Recorder—Complete	638.00	
December 30th, 1952—One Model XXX Electrolux Vacuum Cleaner	79.45	$2,206.75
December 31st, 1952—Balance to Credit of Account		$393,946.46

BUILDING FUND—PRINCIPAL

January 1st, 1952 to December 31st, 1952

January 1st, 1952—Balance to Credit of Account			$54,369.05
Additions			
Payments on Pledges		$5,602.87	
Interest			
Savings Account	$13.87		
United States Government Bonds	986.34	$1,000.21	$6,603.08
			$60,972.13
Deductions			
Bond Premium		12.50	
Campaign Expenses		194.30	
Capital Expenditure—New Office—Flooring, Ceiling and Carpentry Work		613.28	$820.08
December 31st, 1952—Balance to Credit of Account			$60,152.05

CONTINGENT FUND

January 1st, 1952 to December 31st, 1952

INCOME

January 1st, 1952—Balance to Credit of Account		$545.90
Additions		
Dividends	$231.00	
Interest		
United States Government Bonds	125.00	
Savings Account	9.00	$365.00
		$910.90
Deductions		
Portion of Accounting Fees	95.00	
Agency Fee	27.25	
Transfer to General Fund	261.00	$383.25
December 31st, 1952—Balance to Credit of Account		$527.65

PRINCIPAL

January 1st, 1952—Balance to Credit of Account	$9,921.30
Addition	
December 23rd, 1952—Sale of 165 rights Consolidated Gas, Electric Light and Power Company	90.75
December 31st, 1952—Balance to Credit of Account	$10,012.05

NELLIE N. COWLES BEQUEST FUND

January 1st, 1952 to December 31st, 1952

INCOME

January 1st, 1952—Balance to Credit of Account	$25.00
Addition	
Interest—United States Government Bonds	25.00
	$50.00
Deduction	
Agency Fee	2.50
December 31st, 1952—Balance to Credit of Account	$47.50

PRINCIPAL

January 1st, 1952—Balance to Credit of Account	$1,000.00
No changes during year	—
December 31st, 1952—Balance to Credit of Account	$1,000.00

MEDICAL ANNALS FUND

January 1st, 1952 to December 31st, 1952

PRINCIPAL

January 1st, 1952—Balance to Credit of Account	$774.33
Addition	
Interest on Savings Account	7.60
December 31st, 1952—Balance to Credit of Account	$781.93

HARVEY G. BECK LECTURESHIP FUND

January 1st, 1952 to December 31st, 1952

PRINCIPAL

January 1st, 1952—Balance to Credit of Account	None
Addition	
November 5th, 1952—Bequest—13 shares American Telephone and Telegraph Company	$1,998.55
December 31st, 1952—Balance to Credit of Account	$1,998.55

BALANCE SHEET—DECEMBER 31ST, 1952

ASSETS				LIABILITIES AND FUNDS			
General Fund				General Fund			
Cash				Liabilities			
Maryland Trust Company	$359.48			*Designated Funds*			
Petty Cash Fund	100.00	$459.48		For Purchase of Dental Books	$5.84		
				For Library Account—Books and Journals	40.24	$46.08	
Due from Consolidated Fund—Income Funds							
Charles M. Ellis Fund	$243.79			Withholding Tax—December, 1952		537.81	
Special Savings Account	1.00	$244.79		Note Payable—Maryland Trust Company—Due on Demand—Interest at 3½% per annum (Certain Securities of Consolidated Fund held as Collateral—See Letter)		6,000.00	
				Prepaid Exhibit Fees		300.00	
				Total General Fund Liabilities		$6,883.89	
				General Fund Deficit		*6,179.62*	
Total General Fund Assets			$704.27	Total General Fund Liabilities and Deficit			$704.27
Consolidated Fund—Income Funds				Consolidated Fund—Income funds			
Cash				Liabilities			
Maryland Trust Company	$20,250.94			Due to General Fund—From Charles M. Ellis Fund		$243.79	
Undeposited Receipts	2,220.34			Due to General Fund—From Special Savings Account		1.00	
Maryland Trust Company—Special Account	1.00	$22,472.28		Due to Consolidated Fund—Principal—From Josiah S. Bowen Fund		629.30	
Investments—Maryland Medical Service, Inc.		5,050.00		Total Consolidated Fund—Income Funds—Liabilities		$874.09	
				Consolidated Fund—Income Fund—Balances		26,648.19	
Total Consolidated Fund—Income Funds—Assets			$27,522.28	Total Consolidated Fund—Income Funds—Liabilities and Balances			$27,522.28
Consolidated Fund—Principal				Consolidated Fund—Principal			
Uninvested Cash							
Held by Maryland Trust Company	$630.33			Designated Funds		$137,776.75	
Held by Mercantile Trust Company	195.33	$856.66					
Due from Josiah S. Bowen Fund—Consolidated Fund—Income Funds		629.30					

Investments (Market Value as of January 1st, 1946 and additions at Cost)					
United States Government and Municipal Bonds	$38,040.85				
Public Utility and Railroad Bonds	22,552.06				
Preferred Stocks	10,446.75				
Common Stocks	104,432.98				
	$175,472.64				
Less—Reserve to bring Book Value of Securities down to Actual Cost	39,150.85	$136,321.79			
Total Consolidated Fund—Principal			$137,776.75	Total Consolidated Fund—Principal	$137,776.75
Funds Invested in Fixed Assets (No Depreciation Provided)				Funds Invested in Fixed Assets Principal	$393,946.46
Real Estate—Cost					
Property—1209-11-13 Cathedral Street—In Fee	$110,635.76				
Annex Property—1215-17 Cathedral Street—In Fee	19,118.95	$129,754.71			
Personal Property (Appraisal Figures at December 31st, 1949 and Additions at Cost)					
Library Books and Journals	$231,370.00				
Office, Library, Household Fixtures, Antiques and Museum Pieces	18,821.75				
Portraits	14,000.00	$264,191.75			
Total Funds Invested in Fixed Assets			$393,946.46	Total Funds Invested in Fixed Assets—Principal	393,946.46
Forwarded			$559,949.76		$559,949.76
Building Fund				Building Fund	
Cash—First National Bank				Principal	$60,152.05
Checking Account	$4,748.75				
Savings Account	66.04	$4,814.79			
Investments—Cost					
United States Government Bonds		55,337.26			
Total Building Fund			60,152.05	Total Building Fund—Principal	60,152.05
Contingent Fund—Income				Contingent Fund—Income	

Cash—Maryland Trust Company		527.65		Balance	527.65	
Total Contingent Fund—Income			527.65	Total Contingent Fund—Income—Balance		527.65
Contingent Fund—Principal				Contingent Fund—Principal		
Uninvested Cash—Maryland Trust Company		90.75		Principal	$10,012.05	
Investments—Cost						
United States Government Bonds	5,000.00					
Common Stock	4,921.30	9,921.30				
Total Contingent Fund—Principal			10,012.05	Total Contingent Fund—Principal		10,012.05
Nellie N. Cowles Bequest Fund—Income				Nellie N. Cowles Bequest Fund—Income		
Cash—Held by Maryland Trust Company		47.50		Balance	47.50	
Total Nellie N. Cowles Bequest Fund—Income			47.50	Total Nellie N. Cowles Bequest Fund—Income—Balance		47.50
Nellie N. Cowles Bequest Fund—Principal				Nellie N. Cowles Bequest Fund—Principal		
Investments—Cost				Principal	1,000.00	
United States Government Bonds		1,000.00				
Total Nellie N. Cowles Bequest Fund—Principal			1,000.00	Total Nellie N. Cowles Bequest Fund—Principal		1,000.00
Medical Annals Fund				Medical Annals Fund		
Cash—Union Trust Company of Maryland		781.93		Principal	781.93	
Total Medical Annals Fund			781.93	Total Medical Annals Fund		781.93
Harvey G. Beck Lectureship Fund—Principal				Harvey G. Beck Lectureship Fund—Principal		
Investments—Cost				Principal	1,998.55	
Common Stock		1,998.55				
Total Harvey G. Beck Lectureship Fund—Principal			1,998.55	Total Harvey G. Beck Lectureship Fund—Principal		1,998.55
Total Assets			$634,469.49	Total Liabilities and Funds		$634,469.49

CERTIFICATE

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND,
1211 CATHEDRAL STREET, BALTIMORE 1, MARYLAND.

GENTLEMEN:

We have made a partial audit of the records in the office of the Treasurer of The Medical and Chirurgical Faculty of the State of Maryland, for the year ended December 31st, 1952. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

As a result of our work, we report to you, that in our opinion the Exhibits, together with the comments in this report, present fairly the financial position of the Faculty as of December 31st, 1952, and for the year ended on that date.

Respectfully submitted,
WOODEN, BENSON & WALTON
Certified Public Accountants,
Members American Institute of Accountants

COUNCIL

Mr. President and Members of the House of Delegates:

Under the Constitution and By-Laws of this Faculty, the Chairman is appointed annually by the Council. This year, which is the one that my term of office as a member of the Council expires, I had the honor to be again chosen to serve as a Chairman. Dr. E. C. Andrus was elected to the office of Vice-Chairman.

There were five Council meetings from April 1952 through February, 1953, with an average attendance of nineteen.

The Executive Committee met in regard to a few matters and in many instances telephone or mail memorandums were the medium used to carry on the business of the Council in the interim of meetings.

Contributions were made to the following: National Society for Medical Research. The Council felt that the Faculty could not contribute this time to the Middle Atlantic Regional Conference, the Conference of Presidents, and towards the Nurse Recruitment film which is the project of the Woman's Auxiliary to the Baltimore City Medical Society.

Dr. Albert E. Goldstein and members of his Finance Subcommittee of the New Building Committee, after careful study complied with the request of the Council that the conversion of the Small Hall on the first floor be turned into offices by taking care of the expense from the Building Fund. In the early part of December the offices were moved from their former location to the Small Hall and the working facilities are greatly improved. As soon as finances permit, we will endeavor to install some new office furniture, and other equipment. It is also anticipated, when funds are available, to redecorate the three small offices, having one where the switchboard is maintained, another to be furnished so it may be used for small meetings when committees are also meeting in the Friedenwald Room, and an office for the Editor of the Journal and office for the mimeographing.

Council recommended that the American Medical Association bills be mailed out from the Faculty office in December when bills and bill notices were sent to individual members. This procedure was followed for the 1953 bills.

The Council ratified the action in approving and endorsing the film, "Cheers for Chubby" produced by the Metropolitan Life Insurance Company, which was shown in the motion picture theatres in Maryland, and the letter which was sent to each manager by the Metropolitan. The Executive Committee reviewed this film before giving its approval.

Dr. Chesney met with the Automobile Commissioner in reference to the Woman's Auxiliary Resolution regarding the re-evaluation of the physical fitness of automobile drivers. As a result of this interview with Mr. Thomas B. R. Mudd, the Council authorized that the Faculty should offer its services in furthering any attempt of the Commissioner of Motor Vehicles to present a statute to the Legislature for periodic health examinations.

The subject of certain changes being contemplated on the Medical Board of the State Industrial Accident Commission, whereby lawyers will supplant doctors has been discussed at several meetings. At this time, the Medical Board members are appointed from lists submitted by the respective Deans of the Johns Hopkins University Medical School and the University of Maryland School of Medicine and from the Medical and Chirurgical Faculty. A letter in opposition to the proposed changes was written to the Chairman of the Board and to a member of the Sobeloff Commission. In conformity with the Law, the Council recommended to Governor McKeldin the following names of which the Governor was to select one to serve on the Medical Board for Occupational Disease for the State Industrial Accident Commission: Dr. N. B. Herman, Dr. J. Sheldon Eastland and Dr. W. Kennedy Waller.

The term of office of each member of the Board is six years and Dr. N. B. Herman's term expired as of 1953. Prior to this year, the Governor has always appointed the first name on the list. These lists are not only submitted by the Faculty but also by the Deans of the two Medical Schools. I am sure that you all know that the Governor did not select Dr. N. B. Herman whose name was submitted by each of the above mentioned groups even though protests were sent to the Governor by the Deans of The Johns Hopkins University

School of Medicine and the Executive Committee of the Medical and Chirurgical Faculty.

At the April meeting of the House of Delegates the following Resolution was adopted: "Be it Resolved, by the Baltimore City Medical Society that a recommendation be made to the Medical and Chirurgical Faculty of the State of Maryland that it formulate a plan whereby incentives shall be provided of sufficient attraction to encourage an adequate distribution of general practitioners and specialists in areas in the State where they are needed." In order to fulfill the requisites of this Resolution, it was necessary to have a Committee to do the work. The Council empowered the President, Dr. Alan M. Chesney, to appoint such a Committee which was to report to the Council and House of Delegates. This Committee will make its report at the forthcoming meetings.

Dr. Waldo B. Moyers, Chairman, and members of the Committee for the Study of Certain Phases of Medical Economics, which was reactivated, were asked to continue their study regarding tax relief at the local level. Mr. G. C. A. Anderson, the Faculty's attorney, has been requested to assist the Committee.

Dr. Moyers discussed with Council his views at the December meeting which Mr. Anderson attended. Dr. Moyers is making a report to the House of Delegates.

Gus O. Caution, who has been an employee of the Faculty for 56 years, and who has not been well and only able to come in a few hours a day, is to be kept on his regular salary. When Gus completed 56 years in our employ, the Faculty joined with the Baltimore City Medical Society and the Board of Medical Examiners in taking recognition of his length of service at the Baltimore City Medical Society meeting on February 20, 1953.

Miss Pauline Duffield resigned as Librarian to assume a position as Librarian for the Texas State Medical Society. On the recommendation of the Library Committee, Miss Helen Wheeler and Mrs. Mary Berge, respectively, were employed as librarian and assistant librarian. The latter was to take the place of one of Miss Duffield's assistants who resigned. Other matters pertaining to the Library were presented for discussion by Dr. Krause. Some of these were acted on favorably and some are pending due to lack of Faculty funds.

On the basis of a report from Mr. Anderson, the Council disapproved of the publication of a fee schedule by a group in one of the counties.

The December and February meetings were supper meetings—Council convened at 4:00 p.m., adjourned from 6 to 7 o'clock for dinner, and reconvened at 7:00 p.m., adjourning when the business was completed—usually around ten o'clock.

Mr. Anderson attended the meeting on December 2, 1952, and advised the Council in several legal matters that were discussed at the meeting.

The concensus of opinion of the Council, on the basis of Mr. Anderson's feeling, on an inquiry regarding the incorporation of a group of doctors was that this is unethical.

Dr. R. W. Graham explained the contemplated changes in the Draft Law and in compliance with his request, wires were sent to the two Faculty delegates who were attending the House of Delegates meeting of the American Medical Association, urging them to support the contemplated change in the Law.

Several matters regarding the Woman's Auxiliary were discussed and decisions reached regarding these requests or problems.

Mrs. Harvey G. Beck has generously set up a fund in memory of her husband to be known as the "Harvey Grant Beck Memorial Lectureship" and the first address will be given at the Annual Meeting this year.

Dr. Walter D. Wise requested that as Dr. John Ruhräh had put a great deal of work and time into the Faculty and then left his money to the Faculty, that there be a fitting and more satisfactory memorial to him in the new building than the present Ruhräh Room. Council referred this suggestion as a recommendation to the New Building Committee.

Following are changes made by the Council regarding committees. Sesquicentennial Committee changed to the more appropriate name of New Building Committee. The Committee on Medical Service and Public Relations; Presidential Advisory Committee; and the Medical Care Campaign Committee were discontinued.

Due to the financial problems in relation to the salaries of the employees, the difficulty in obtaining new employees for the office for the amount the Faculty can afford to pay, the necessary expense for upkeep of the building, and rising costs, the Council requested the Committee on Constitution and By-Laws to prepare amendments to the By-Laws increasing the dues of all members by the sum of $10.00.

The Council has authorized, beginning in 1952, that the Transactions are to be published in the Maryland State Medical Journal; and the 1938–1951 Transactions are to be mimeographed for the Archives. The Transactions have always been printed, but in order to curtail expenses, the back years (1938–1951), which have not been published, are to be brought up to date by the mimeographing method, and the Treasurer's Reports and Membership Rosters for 1948 to 1951, which are in type, are to be printed separately.

As Secretary, and also as Editor of the Journal, Dr. Yeager was empowered to carry out the following recommendations of the Council:

1. Publication of Faculty transactions in the Journal, and this expense is to be considered under transactions. These were published in the August 1952 Journal.

2. In the case where the speaker did not leave the requested copy of the Trimble Lecture, nor was he able to edit the transcription from the tape recording, the Council decided not to publish the transcribed lecture in the Journal as a part of the transactions, but to have it filed in the Archives.

3. The membership roster to be published in the Journal.

One of the duties of the Council under the Constitution and By-Laws is to select the date for the Annual Meeting, and therefore this body selected April 28 and 29, 1953.

As there had been requests for the dates for the 1954 Annual Meeting, the Council has designated April 26, 27, 28, for the 1954 Annual Meeting.

As requested by the Council, Dr. Chesney made inquiry regarding the World Medical Association, and reported his findings to the Council. No action was taken regarding the Faculty becoming a member of this Association.

Several of the hospitals in the City made the request that they be allowed to hold joint staff meetings in the Building and this was approved by the Council with the proviso that the group pay for janitorial service.

Problems, too numerous to include in this report, of policy, membership, procedure, etc. relating to the Component Societies were discussed at each meeting of the Council.

The Council selected members of the Medical and Chirurgical Faculty to serve in designated capacities in the Maryland Medical Service, Inc. and Maryland Hospital Service, Inc., as indicated in the Constitutions and By-Laws of these two organizations.

The Council suggested to the Component Societies that each applicant for membership should be investigated and that the application forms should contain a standard question in which the statement is made that the applicant has, or has not, made application to another Component Society of the Faculty.

The following ruling, in reference to the granting of Physicians' Defense, was received from Mr. G. C. A. Anderson, the Faculty lawyer:

The year in which the claim is made should be the decisive year, since it is of the utmost importance that when the defense is undertaken, the physician be a member of the Faculty. If the year in which the claim is made is not the decisive year, it would be possible for an alleged malpractice to occur in one year and the claim be made in another year when the doctor involved might no longer be a member of the Faculty. Under such circumstances, the Faculty would be called upon to defend a non-Faculty member.

This suggestion is being set forth as an amendment to the Constitution and By-Laws for presentation to the House of Delegates.

Council authorized Physicians' Defense to nine members, who had made such a request. Mr. Anderson reported that one case had been settled out of court.

Mr. G. C. A. Anderson complied with the request of the Council to serve for another year as the legal advisor to the Faculty. Mr. Anderson, however, has raised his retainer's fee fifty per cent. (This is one more of the many reasons why the Council found it necessary to ask for an increase in dues.)

Dr. Chesney met with the State Legislative Council and explained our opposition to the proposed change by the Sobeloff Commission in the appointment of the members of the Board of Medical Examiners.

The present Adoption Law was discussed by Mr. Anderson, and he was asked to write an article for the Journal so that all the members may be informed on this law. (Published in the March 1953 issue of the Journal.)

Legislative matters, which would come before the General Assembly of Maryland at its 1953 meeting, were discussed. Approval of Dr. John Wagner's request for assistance in writing and support of passage of a law relating to postmortem examinations was granted.

The Council, or Executive Committee, advised Dr. Karl Mech and Mr. Kirkman regarding pending legislative bills, which were before the 1953 General Assembly of Maryland and its Committees.

The request by the Committee on Scientific Work and Arrangements, for funds to defray the expenses and honorariums for the Annual Meeting guest speakers, was approved.

The amendments to the Committee on Constitution and By-Laws were discussed at the meeting on February 17th and some of the suggestions were accepted and others were disapproved. Dr. A. A. Pearre, the Chairman of the Committee on Constitution and By-Laws, was present for this discussion, and the report of his Committee will be presented to the House of Delegates meetings on Tuesday and Wednesday, April 28 and 29. The Council urges the House to vote favorably on these amendments, as careful thought has been given to their compilation before this presentation.

Emeritus Members. The Council recommends to the House of Delegates that the following be placed on the list of Emeritus Members:

Baltimore City Medical Society
- Dr. Anna S. Abercrombie
- Dr. Wilbur F. Skillman
- Dr. Lloyd B. Whitham

Allegany-Garrett County Medical Society
- Dr. Francis A. G. Murray
- Dr. Charlotte B. Gardner

Charles County Medical Society
- Dr. Thomas L. Higdon

Frederick County Medical Society
- Dr. Charles H. Conley, Sr.
- Dr. U. G. Bourne, Sr.
- Dr. William M. Smith

St. Mary's County Medical Society
- Dr. Levin J. Sothoron

Talbot County Medical Society
- Dr. Edward Kirby Lawson

Respectfully submitted,
C. REID EDWARDS, M.D., *Chairman*

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

Your delegate attended the sessions of the A.M.A. held in Chicago in June, 1952, and in Denver in December, 1952, as well as the Special Session called for in March of this year.

Dr. Parsons has enumerated in some detail the important things that occurred at these meetings with reference to the special events, in the various numbers of the Journal of the A.M.A. There is no need to repeat this information. However, in December at the Denver Meeting your delegate was requested to attend the Public Relations Meeting in Denver which was a session devoted to Doctor-Patient relationship. This was of only moderate interest to your delegate because the problems that were discussed, namely, excessive professional fees, fee splitting, ghost surgery, abuse of management of the patient and a tendency to quackery, are in your delegate's opinion by no means common practices along the Eastern Seaboard. It is of interest, however, that the meeting was extraordinarily well attended.

At the December session of the House of Delegates your delegate was Chairman of the Reference Committee dealing with the Constitution and By-Laws. This was an interesting

experience and the changes made in the Constitution and By-Laws were not fundamental but more editorial changes and changes made for simplification and explanation of the said Constitution and By Laws.

The Special Session called for in March, which was held in the Statler Hotel in Washington, was unique in that a President of the United States addressed the House of Delegates of the A.M.A. President Eisenhower's remarks were of an informal nature and though he states that he does not like the words "Compulsory" and "Socialized," part of his program certainly indicated that the above is being done though not without specific terms. The reorganization of the Federal Security Agency is now an accomplished fact and it is your delegate's opinion that the move suggested by the Board of Trustees of the A.M.A. for approval of this change was a step in the right direction. At least the American Medical Profession is now on the "inside" and is in a better position to exert its influence in the right direction. The set up in the new department places the Medical Profession in a distinct and separate group directly under the Secretary for that Department.

Your delegate has enjoyed more than usual his experience at the last three sessions of the House of Delegates of the A.M.A. that he attended as your representative.

Respectfully submitted,
WARDE B. ALLAN, M.D.

Mr. President and Members of the House of Delegates:

As your Delegate to the House of Delegates of the American Medical Association, I attended the meetings of that House in Chicago June 9 to 13, 1952, in Denver, Colorado December 2nd to 5th, 1952, and the Special Meeting of the House in Washington on March 14, 1953. The proceedings of the two regular meetings are reported in the Journal AMA on July 5, 1952 and December 22nd, 1952. It is felt inappropriate to attempt a complete summary of these proceedings in this report. All those matters which our Delegates have been instructed to present to the House were found to have been introduced for consideration by other Delegates and all were reported for favorable consideration.

A large portion of the activities of the governing body of the American Medical Association in recent years has had to do with the fight against attempts to socialize medicine. It appears that the change of administration in Washington will result in at least a breathing spell in those efforts. At the June meeting in Chicago there was a long debate over the President's commission to study the health needs of the Nation which was finally resolved into a wait-and-see attitude. Since the publication of the report of that Commission, dealing with recommendations, the President of the American Medical Association, Dr. Louis H. Bauer, has reported that the Board of Trustees and the American Medical Association will continue a watchful eye over any legislation proposed to implement those recommendations of the Board which may bring about further encroachment by the Federal Government in the realm of medical care.

At the meeting in Washington on March 14, President Eisenhower and Senator Taft described the proposed reorganization of the Federal Security Administration into a Department of Health Education and Welfare to be headed by a Cabinet member. It is anticipated that by the time this report is read to the House of Delegates, that re-organization will have been accomplished. The Board of Trustees of the American Medical Association recommended "that the House of Delegates re-affirm its stand of an independent Department of Health but that it support the re-organization plan as being a step in the right direction, and that the American Medical Association co-operate in making the plan successful and watch its development with great care and interest. It should be understood, however, that the Association reserves the right to make recommendations for amendment of the then existing law and to continue to press for the establishment of an independent Department of Health, if the present plan does not, after a sufficient length of time for development, result in proper advancement in, and protection of health and medical science and in their freedom from political control."

Another matter which has received considerable attention in the House of Delegates of the Medical and Chirurgical Faculty, tax exemption for retirement benefit plans, has been under careful consideration by the American Medical Association in conjunction with the American Bar Association and other organizations having a similar interest. The Reed-Keough Bill, now in Congress, has many supporters and it is anticipated that favorable legislation in this direction may be anticipated.

Respectfully submitted,
JOHN W. PARSONS, M.D.

BOARD OF MEDICAL EXAMINERS

Mr. President and Members of the House of Delegates:

The Board of Medical Examiners is composed of the following members:

Dr. E. H. Kloman	(1955)	President
Dr. Henry T. Collenberg	(1953)	Vice President
Dr. Lewis P. Gundry	(1954)	Secretary
Dr. E. Paul Knotts	(1953)	
Dr. John E. Legge	(1956)	
Dr. Edward P. Thomas	(1954)	
Dr. John H. Hornbaker	(1955)	
Dr. Samuel McLanahan*	(1953)	

The terms of Dr. Collenberg and Dr. Knotts expire on the first Tuesday in June, 1953, therefore two members to serve until June 1957, and one member to fill the vacancy caused by the death of Dr. Hanrahan, to serve until June 1956, are to be elected at this meeting of the Faculty.

Examinations given by this Board during the year show the following results:

Examined for license	228
Number passed	213
Number failed	15

* Dr. McLanahan has been serving the term of Dr. E. M. Hanrahan who had been on leave of absence on account of illness but died on September 30, 1952.

Of the 15 who failed, 13 were graduates of foreign medical schools, one was a graduate of Meharry Medical College, the other a graduate of the University of Chicago.

Licenses issed after examination	213
Licenses issued by reciprocity with other States	85
Licenses issued in recognition of National Board certificates	70
Total licenses issued	368
Certificates of transfer to other States	230
Borderline Permits to District of Columbia licentiates	40
Copies of license issued	4
Miscellaneous—change of name etc.	5
Foreign graduates approved for examination	54
Written inquiries from foreign graduates	234
Office interview with foreign graduates (approx.)	150
Telephoned inquiries—no record	
Foreign graduates examined	39
Passed—foreign	26
Failed—foreign	13
Licenses revoked	2
Licenses restored	2

One of the physicians, whose license was revoked, appealed from the decision of the Board but the case was not set for hearing until a few days ago although the appeal has been pending more than a year. The doctor concerned has, of course, been practicing during the interval. The Hearing set for March 26 was postponed by the Assistant Attorney General on account of serious illness of his father.

In June 1950 this Board reported to the State's Attorney of Montgomery County that one David Aitchison, Takoma Park, Maryland, not licensed to practice medicine in Maryland, but listed in the Washington telephone directory as a naturopath, was apparently using the mails to practice medicine, and, since he calls his address the Aitchison Clinic, is probably practicing medicine in Maryland without a license. Naturopathy has not been recognized as a branch of Healing in Maryland, and in a recent case it was held in the Criminal Court of Baltimore City that the practice of naturopathy is a violation of the Medical Practice Act. We sent the State's Attorney a copy of a letter sent by Aitchison to a patient in New Jersey, in which he said in part "as I specialize in cancer." After much correspondence with Mr. Dawson, and with the Montgomery County Medical Society, we were informed on October 9, 1951 that he was "unable to find any evidence that he was actually practicing medicine." Photostat copy of the letter sent by Aitchison to New Jersey was sent to the Post Office Inspector at Washington, D. C., but on April 25, 1952 we were informed that the investigation had brought out no evidence warranting action for violating Postal Fraud Statutes.

During the 1953 session of the General Assembly of Maryland the Naturopathic Society of Maryland introduced a Bill to establish a Board for licensing Naturopaths. In this connection Aitchison wrote a letter to one of the delegates stating that the passage of this Bill would be worth $20,000. Testifying before a Senate Committee, Aitchison made the statement that he had about 1% mortality in his practice as against 22% for the medical doctors. The Bill was not reported out of Committee.

On two occasions Mr. Boyd Martin discussed with the members of the Board the problem of physicians who are drug addicts and the efforts of the Narcotic Bureau to rehabilitate such persons.

The Board of Medical Examiners feels that the Naturopaths, some of whom are very probably practicing medicine, should be vigorously prosecuted wherever they are located. The Board would like to have the full backing and support of the Medical and Chirurgical Faculty in this matter.

The Board has supplemented their policy on graduates of foreign medical schools in that we are considering on an individual basis graduates of foreign schools which have not been surveyed or rated but who have had exceptional post-graduate training.

Respectfully submitted,
LEWIS P. GUNDRY, M.D., *Secretary*

N. B. in re

STATE PRACTICE ACT

State Board of Medical Examiners—Henry T. Collenberg, Lewis P. Gundry, John H. Hornbaker, John E. Legge, Samuel McLanahan, Norman E. Sartorius, Jr., Edward P. Thomas, Erasmus H. Kloman, Secretary, 1215 Cathedral Street, Baltimore 1, Maryland

Meetings of the Board of Medical Examiners of Maryland—The regular annual meeting is held the first Tuesday in June and other meetings are held about four times a year at such times as the discretion of the Board may determine. Special meetings are held from time to time to consider particular policies or problems.

Regular Examinations—Examinations are held in Baltimore, the third Tuesday in June for four consecutive days and the second Tuesday in December for four consecutive days.

Reciprocity or Endorsement Information—The license of the Board of Medical Examiners of Maryland is recognized for license without examination in the following States: Alabama, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia, and Wisconsin.

Diplomates of the National Board of Medical Examiners are also admitted to license without examination.

Information connected with Medical Examinations and licensure by addressing the Secretary, 1215 Cathedral Street, Baltimore 1, Maryland.

LIBRARY COMMITTEE AND FINNEY FUND COMMITTEE

Mr. President and Members of the House of Delegates:

This report covers the activities of the Library and Finney Fund Committees.

Several changes in personnel took place in the Library about November 1st, 1952, when Miss Pauline Duffield left here to become librarian of the Texas Medical Society Library in Austin, Texas. About the same time Miss Freda Hewes, a full-time assistant, and Mrs. Bettie McQuay, a half-time assistant accepted better paying positions.

On November 1st Miss Helen Wheeler took up her duties here as Librarian with only Mrs. Eleanor Kohler as assistant, and Mrs. Ella Chatt as janitress and assistant in the stacks. The Library Committee and the Council agreed to Miss Duffield's and Miss Wheeler's recommendation that the salaries of the two assistants who had left be combined to employ a trained cataloger, and on December 15th Mrs. Henry Berge joined the staff as assistant librarian and cataloger. Her previous training and experience have made her exceptionally well qualified for the work here.

Miss Duffield had accomplished a tremendous job in getting an accumulation of material, including several large gift collections, cataloged and organized. She also had a complete record made of the periodical holdings (a truly tremendous task) and sorted and arranged the large collection of duplicates in the basement.

The following are the recommendations of Miss Wheeler, (1) more shelf space, (2) additional library equipment such as filing cabinets, card catalog units, another book truck, etc., (3) recataloging and reclassifying of the book collection, (4) an additional clerical assistant to help with this project.

(1) There is absolutely no room for more shelving in the stacks. The librarian therefore recommends placing double faced shelving in the Reading Room at right angles to the walls between the windows, forming alcoves where the small study tables may be placed. This will make it possible to keep many more books in the Reading Room where they are easily accessible, and will make the room look more like a library.

(2) The present filing cabinets, etc., are bursting at the seams, and more equipment is essential for efficient operation. Some have already been ordered.

(3) Recataloging and reclassification of the book collection are necessary because the system in use is one which was devised by Miss Noyes in the days when the library was small. This system is out of date and is used by no other library. Also the subject headings are inconsistent and difficult to use.

After much deliberation the staff have decided that the Library of Congress classification would be the best for our purpose. It is revised frequently, and a new edition of the classification for Medicine has just been published. This is the system in use in both the Welch Medical Library and the University of Maryland Medical Library and would be familiar to the doctors using the library.

(4) This project involves much clerical work such as typing and filing cards which could be done by a clerical assistant under Mrs. Berge's direction. One additional assistant is a very modest request in view of the magnitude of the task of changing thousands of cards as well as books. When completed this reorganization will greatly facilitate the use of the Library and will permit opening the stacks to readers. Mrs. Berge has started the reclassification single-handed, but without additional help it will take years. Five hundred and twenty-one volumes have been classified or reclassified in the first 3 months of 1953, and there are between 30,000 and 40,000 still to be done!

When the new stacks are installed in the Reading Room, some of the glass-doored bookcases may be used to protect and display our rare books, which are now very inadequately housed in the stacks.

Back files of the Bulletin of the Medical Library Association have just been removed by the Association early this month (April 1953), relieving the library staff of much time-consuming work, and releasing a large section of shelving in the basement stacks for expansion of our crowded periodical collection.

The Library has been represented in each issue of the Maryland State Medical Journal by an article or a book list. In a new series of articles beginning with the May 1953 number, Dr. Krause is calling attention to some of the fine old books in our collection. The first of these articles includes a list of our books both old and new on "Old Age." Suggestions for other types of articles for the Library section of the Journal will be most welcome.

The reference and information service given by the Library is extensive and takes a great deal of time. Two hundred and forty-two requests for information have been recorded in the first quarter of 1953, varying from furnishing a doctor's name or address to compiling or checking extensive bibliographies, and probably an equal number were filled without being recorded in our statistics.

In addition to the regular work, an index to the Maryland State Medical Journal for 1952 has been compiled, and also a very useful subject index to the periodicals currently received by the Library.

A book-buying policy for current material in cooperation with other medical libraries in the city is under consideration.

A survey of the periodicals currently received is planned with recommendations for new subscriptions, and suggestions from users of the Library will be welcome.

The possibility of effecting a considerable saving in the cost of our periodicals by placing all our paid subscriptions through an agent is being investigated. This will also simplify payments.

A consolidation of periodical records is also envisioned, combining the 5 sets of records now in use into one or two.

The air-conditioning of the Reading Room and office has been brought to your attention before, and this should be done, as it will increase the use of the Library in summer, besides adding to the comfort and efficiency of the staff.

Miss Wheeler states that she cannot speak too highly of the splendid cooperation of the members of the library staff and of their enthusiasm for the proposed changes. My grateful thanks go to Miss Wheeler, Mrs. Berge, Mrs. Kohler and Mrs. Chatt for their fine spirit and work. Having two new staff members come about the same time could have been

very difficult without the wholehearted assistance of Eleanor Kohler and Ella Chatt.

A Statistical report is appended.

Respectfully submitted,

LOUIS KRAUSE, M.D., *Chairman*
Library Committee
SAMUEL WOLMAN, M.D.
JOHN T. KING, M.D.
A. AUSTIN PEARRE, M.D.
WILLIAM K. DIEHL, M.D.
JOSEPH C. BIDDIX, JR., D.D.S.
Finney Fund Committee
DOUGLAS H. STONE, M.D.
HENRY M. THOMAS, M.D.
JOHN M. T. FINNEY, JR., M.D.
LOUIS P. HAMBURGER, M.D.
I. RIDGEWAY TRIMBLE, M.D.

LIBRARY REPORT

1952

CIRCULATION AND ATTENDANCE

Circulated books	5,919
Books used in Library	3,326
Total	9,245
Total volumes in 1951	75,562
Books added, 1952	299
Journals added, 1952	433
Total volumes in Library (including 15,000 duplicates)	76,294
Attendance	4,137

MEDICAL LIBRARY ASSOCIATION

Issues sent on exchange	360

CARDS ADDED TO THE CATALOG

Library of Congress cards	1,172
Typed cards	316
Shelf list cards	636
Added information	290
Collection cards	199
Total	2,613

BINDING

Journals bound	433
Total cost	$1373.85
Average cost per journal	$3.08

COUNTY MEMBERS

Requests for material	41

GIFTS

Unbound journals	12,962
Bound journals	344
Books	2,052
Reports and transactions	263
Reprints	7,267
Pictures	3
Total	22,891

PETTY CASH REPORT

Received from office and refunds on express and postage	$280.48
Expenses	275.48
Balance on hand December 31, 1952	$5.00

INTERLIBRARY LOANS

Loaned

Air Research Library	1
All American Airline	1
Baltimore City Health Department	3
B. & O. Railroad	1
Chemical Company	1
Easton Memorial Hospital	3
Enoch Pratt Free Library	14
Florida State University	1
Fort Howard Hospital Library	51
Franklin Square Hospital	2
Harford Memorial Hospital	1
Hynson, Westcott, and Dunning	22
Johns Hopkins University	2
Maryland General Hospital	9
Maryland Tuberculosis Assn.	1
Medical College of S. Carolina	1
Medical College of Virginia	1
National Laboratory	1
Ohio State University	2
St. Agnes Hospital	9
St. Joseph's Hospital	13
Seton Institute	3
Sheppard Pratt Hospital	19
Sinai Hospital	28
Social Security Library	1
U. S. Naval Medical School	1
U. S. Public Health Hospital	1,173
University of Maryland	8
Welch Medical Library	82
Wilmer Institute	3
West Virginia University	1
Total	1,459

Borrowed

U. S. Public Health Hospital	7
University of Maryland	9
Welch Medical Library	22
Total	38

LIBRARY OF THE MEDICAL AND CHIRURGICAL FACULTY

GIFTS FOR 1952

NAME	REPRINTS	REPORTS	BOUND JOURNALS	JOURNALS	BOOKS
Abeshouse, Dr. Benjamin S.	5				
Acton, Dr. Conrad				209	23
Albany Medical College, Albany				1	
American Cancer Society		1			2
American Medical Association					4
Andrus, Dr. E. Cowles					1
Armco Steel Corporation				51	
Armed Forces Medical Library				92	
Army Medical Service Graduate School					1
Association of American Physicians		1			
Bagley, Dr. Charles, Jr.				39	
Baker, Dr. Joel W.	2				
Baltimore City Dept. of Public Welfare		1			
Baltimore Commissioner of Health		1			1
Barta, Dr. Frank R.	1				
Beck, Mrs. Harvey G.	376		40	300	592
Boston Medical Library				82	
Boston Psychopathic Hospital Library				2	
Brady, Dr. Leo				48	
Brantigan, Dr. Otto C.	6			110	
Carson, Dr. Russell B.					1
Chatard, Dr. J. Albert (1 Picture)				103	14
Chicago, Department of Health		1			
Christ Hospital Institute of Med. Res.				1	
Church Home Hospital		1			
Cincinnati General Hospital Medical Lib.				2	
Coggins, Dr. J. C.				100	
Cole, Dr. J. Wesley				241	468
College of Medical Evangelists, Los Angeles					24
College of Physicians, Philadelphia		1			1
Cotton, Mrs. Albertus			35	354	
Cullen, Dr. Thomas S.				118	
Cushing, Dr. Mary				80	
Dandy, Mrs. Walter E.	3850				
Delaware Academy of Medicine Library				2	
Duke University, Durham					1
Dunton, Dr. William R.	300			24	
Edwards, Dr. Monte				97	
Emory University				2	
Federal Security Agency, Washington					1

LIBRARY GIFTS—*Continued*

NAME	REPRINTS	REPORTS	BOUND JOURNALS	JOURNALS	BOOKS
Feldman, Dr. Maurice, Sr.				117	
Fleischmann, Dr. Walter	400		10	225	
Fort, Dr. Wetherbee (2 pictures)					34
Friedenwald, Dr. Jonas S.				203	
Garlick, Dr. William					1
Geraghty, Dr. Frank J.				91	
Gillis, Dr. Andrew C.				2	
Gluck, Dr. Francis W.				735	
Goldbach, Dr. L. J.				547	
Goldstein, Dr. Albert E.	9				
Goodman, Dr. Louis E.				2	
Gundry, Dr. Alfred T.				395	
Harvard University, Boston					3
Health Information Foundation					1
Heckel, Dr. N. J.		1			
Hellman, Dr. Alfred M.					1
Hennepin County Medical Library, Minn.				12	
Henry Ford Hospital, Detroit				3	
Henry Phipps Institute, Philadelphia		1			
Heyden Chemical Corporation	1				
Hoak, Dr. W. H.			4	3	
Howard, Dr. J. T.				69	
Hundley, Dr. J. M., Jr.				161	
Hunner, Dr. Guy L.					1
Hyman, Dr. Calvin				2	
Hynson, Westcott and Dunning				64	1
Indiana University, Indianapolis				12	
Institute for Cancer Research				1	
Institute for the Study of Analgesic and Sedative Drugs					1
Iowa State Medical Library, Des Moines				6	
Janney, Dr. John H.				30	
Jefferson County Medical Library, Louisville				1	
Karnes, Dr. James R.				15	
Kirby, Dr. F. J.				398	
Kirkman, Walter M.				1	1
Knox, Dr. J. H. Mason, III	2497	235	194	688	242
Koontz, Dr. Amos R.			34	185	71
Krause, Dr. Louis A. M.	18		32	150	36
Krumrein, Dr. L. F.				605	1
Kyoto University Library, Kyoto, Japan					1
Lang, Dr. Milton C.				16	2
Lane Medical Library				3	
Lederle Laboratories					2
Lerner, Dr. P. F.				56	

LIBRARY GIFTS—*Continued*

NAME	REPRINTS	REPORTS	FOUND JOURNALS	JOURNALS	BOOKS
Lewison, Dr. Edward				96	
Life Insurance Medical Research Fund		1			
Lilly Research Laboratories Library				17	
Lippincott, J. B. Company		1			
Louisiana State University				10	
M. R. Laboratories, Columbus		3			
Marriott, Dr. H. J. L.					1
Maryland State Department of Health				195	100
Maryland General Hospital				141	
Maryland Tuberculosis Association				236	
Massachusetts General Hospital, Boston		1			
Maxson, Dr. Charles W.	13			212	
Mayo Clinic Library				91	
McGavack, Dr. Thomas H.	5				
McKenzie, Dr. W. Raymond	4				
Medical Society of Pennsylvania				18	
Menninger Clinic, Topeka				10	
Merck and Company				1	3
Moore, Dr. J. E.		1		731	43
Morrison, Dr. Samuel				3	
Moulton, Dr. George A.	7				
Myers, Dr. John A.				56	
National Dairy Council	4				
National Foundation for Infantile Paralysis		1			4
Naval Medical Research Institute Library				2	
New York Academy of Medicine				175	
New York Pathological Society		1			
Northwestern University Medical School				26	1
Novak, Dr. Emil					2
Nowak, Dr. Sigmund				109	76
Ortho Research Foundation				8	
Padget, Mrs. Paul				6	1
Pan American Sanitary Bureau, Washington				2	
Parke, Davis and Company				8	
Pfizer, Charles, and Company					1
Penick, S. B. and Company					1
Pratt, Enoch, Free Library		1			
Rockefeller Foundation	24	2			
Rockefeller Institute for Medical Research				123	2

LIBRARY GIFTS—*Continued*

NAME	REPRINTS	REPORTS	BOUND JOURNALS	JOURNALS	BOOKS
St. Anne's Hospital Medical Library, Chicago				2	
St. Francis Sanatorium for Cardiac Children, Roslyn, N. Y.		1			
St. Joseph's Hospital				16	
Shamer, Dr. M. E.				39	
Shealy, Dr. Walter H.				93	
Sheppard Pratt Hospital				30	
Shipley, Dr. A. M.				158	
Small, Dr. Mary L.				40	
Societa Italiana de Ortopedia e Traumatologia		3			
Southwestern Medical School Library				1	
Stone, Dr. Harvey B.		2			
Temple University Medical School Library				7	
Tenner, Dr. David				29	1
Thorex, Dr. Philip	1				
Union Memorial Hospital				115	
U. S. Public Health Hospital				19	
University of California				4	
University of Illinois				95	
University Laval Bibliotheque Medicale				4	
University of Maryland				4	1
University of Southern California				1	
University of Texas				1	
University of Toronto				10	
University of Wisconsin				22	
Upjohn Company Library				3	
Vanderbilt University				8	
Wainwright, Dr. Charles				46	
Walton, Dr. Harry J.				343	
Ward, Dr. Grant E.				118	
Wells, Dr. Gibson J.				312	
Werner, Dr. A. A.					1
Wesson, Dr. Miley B.	14				
Wharton, Dr. L. R.				54	
Williams & Wilkins, Waverly Press				22	12
Wilmer Institute of Ophthalmology			(collected repr.)		1
Wiscott, Mr. W. J.				1038	
Wise, Dr. Walter D.			21	64	
Woltereck, Dr. G. H.				101	
Yale Medical Library, New Haven		1			

COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS

Mr. President and Members of the House of Delegates:

The Semiannual Meeting, held in Ocean City on September 12, 1952, will go down in the Archives as a very well attended meeting which everyone enjoyed. (Program follows this report.) Many of the doctors brought their families and made it a weekend vacation for the end of the season. This is the second consecutive year that the Semiannual Meeting has been held in Ocean City. I would like to express, on behalf of the Faculty and the Committee on Scientific Work and Arrangements, our appreciation to the local Committee consisting of Dr. Francis J. Townsend, Jr., Dr. Osborne D. Christensen, Dr. Norman E. Sartorius, Jr., and Dr. Thomas B. Whaley. Without the assistance of this group the Meeting would not have been so worthwhile from a scientific standpoint or so enjoyable from the social angle. Attached is a copy of the program.

This year the Annual Meeting is being held at the usual time, the fourth Tuesday and Wednesday in April. (See pages 109 to 114, Maryland State Medical Journal, Vol. 2, No. 3, March 1953.) With the growth and increase of the many medical associations, it may become impossible in the future to avoid conflict with other groups. However, the Constitution and By-Laws have made an effort to provide for this and the Council sets the date of the Meeting for the future. It is too early to report on the success of the 1953 Annual Meeting. The Annual Meeting for 1954 will be held on Tuesday and Wednesday, April 27 and 28.

At the request of the President, Dr. Maurice C. Pincoffs, we have provided outstanding speakers for all the scientific sessions. The usual procedure has been followed for the evening meetings with the Presidential Address and a special lectureship on Tuesday and a more elastic program for Wednesday evening following the buffet supper. However, the meetings during the day have been arranged so that there is a paper every twenty minutes, and it is hoped that, regardless of what the specialty or interest of the individual member may be, he will find something of value in this program. The complete program was published in the March issue of the Maryland State Medical Journal, and individual programs were mailed to all members. (See pages 109 to 114, Maryland State Medical Journal, Vol. 2, No. 3, March 1953.)

The Committee on Scientific Work and Arrangements would appreciate knowing whether or not the members of the Medical and Chirurgical Faculty like this small program, which measures 4′ x 7′ or whether they prefer the one which is a little larger, measuring 5¼′ x 7½′. The Committee always welcomes suggestions, criticisms, etc. of the programs.

Looking to the future, the 1953 Semiannual Meeting is being held on October 6, 1953 at the Congressional Country Club in Bradley Hills. This will be the fiftieth anniversary of the Montgomery County Medical Society, and it is hoped that every member will make reservations well in advance and plan to attend this Meeting.

Respectfully submitted,
BEVERLEY C. COMPTON, M.D., *Chairman*
WILLIAM L. GARLICK, M.D.
EDWIN H. STEWART, JR., M.D.

PROGRAM OF THE SEMIANNUAL MEETING

Headquarters: Commander Hotel, The Boardwalk and 14th Streets, Ocean City, Worcester County, Maryland.

Friday, September 12, 1952

Registration—9:00 A.M. Lobby, Ocean Entrance. (All the members and their guests are urged to register so that an accurate record may be kept of the attendance.) Those who arrive on September 11th may register on Thursday, September 11th from 7:30 P.M. to 9:30 P.M.

Business Sessions:

Council Meeting—Thursday, September 11th, 8:30 P.M. Beach Lounge, Ground Floor
House of Delegates—Friday, September 12th, 9:30 A.M. to 12 noon. Beach Lounge, Ground Floor

Clam Bake-Luncheon—1:00 P.M.

On the beach in front of Commander Hotel. Set-ups and hors d'oeuvres

General Meeting—2:30 P.M.: Beach Lounge, Ground Floor

1. Address of Welcome. I. RIVERS HANSON, M.D., President, Wicomico County Medical Society.
2. Response. ALAN M. CHESNEY, M.D., President, Medical and Chirurgical Faculty of the State of Maryland.

Scientific Session

3. Geriatrics in General Practice. (I. Ridgeway Trimble Fund Lectureship.) WINGATE M. JOHNSON, M.D., Professor of Clinical Medicine and Director of the Private Diagnostic Clinic, Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, North Carolina.

Cruise on "The Question Mark"—2:30 P.M. to 4:00 P.M.: Meet in the Social Room, Main Floor, and the hostesses will make the necessary arrangements for the cruise.

Miniature Golf Tournament—2:30 P.M. to 4:00 P.M.: (Prizes) Meet at the Golf Course, Baltimore and Somerset Streets. Guests of the Somerset, Wicomico and Worcester Counties Medical Societies.

"Breather"—5:00 P.M. to 7:00 P.M.: See copy of "The Visitor," obtainable at all hotels, for general listing of Ocean City Attractions.

THE ATLANTIC OCEAN IS AVAILABLE AT ALL TIMES

Dance—9:00 to 1:00 A.M.: Dining Room, Main Floor. Dress—Formal or Informal. Hosts—The Somerset, Wicomico, and Worcester Counties Medical Societies.

PLEASE BE SURE TO MARK YOUR RESERVATION CARD, WHICH IS ENCLOSED, FOR YOURSELF AND NUMBER OF GUESTS SO OUR HOSTS MAY BE NOTIFIED OF THE ACCEPTANCES

WOMAN'S AUXILIARY TO THE MEDICAL AND CHIRURGICAL FACULTY

10:30 A.M. to 12 Noon
Social Room, Main Floor

Winning Ways with Patients. MR. LEO E. BROWN, Director, Department of Public Relations and Assistant to the General Manager, American Medical Association, Chicago, Illinois.
A cordial invitation is extended to all the ladies to attend this meeting.

COMMITTEES

Arrangements Committee: DR. FRANCIS J. TOWNSEND, JR., *Chairman*, Worcester County; DR. OSBORNE D. CHRISTENSEN, Wicomico County; DR. NORMAN E. SARTORIUS, JR., Worcester County; DR. THOMAS B. WHALEY, Somerset County.

Reception Committee: DR. WILLIAM H. FISHER, JR., *Chairman*, Wicomico County; DR. CHARLES T. FISHER, Wicomico County; DR. SETH H. HURDLE, Wicomico County; DR. LOUIS G. LLEWELYN, Worcester County; DR. NORMAN E. SARTORIUS, JR., Worcester County; NATHANIEL R. THOMAS, Worcester County; DR. T. B. WHALEY, Somerset County.

Hostess Reception Committee (Woman's Auxiliary): MRS. OSBORNE D. CHRISTENSEN, Wicomico County, and MRS. WILLIAM B. LONG, Wicomico County, *Cochairmen;* MRS. HENRY A. BRIELE, Wicomico County; MRS. JOHN M. BLOXOM, Wicomico County; MRS. SETH H. HURDLE, Wicomico County; MRS. PHILIP A. INSLEY, Wicomico County; MRS. FRANK R. LEWIS, Wicomico County; MRS. HUNTER R. MANN, JR., Wicomico County; MRS. NORMAN E. SARTORIUS, JR., Worcester County.

Fishing and Cruising Committee: DR. HENRY A. BRIELE, *Chairman*, Wicomico County; DR. WILLIAM B. LONG, Wicomico County; DR. NORMAN E. SARTORIUS, JR., Worcester County; DR. ZACK WATERS, Wicomico County; DR. THOMAS B. WHALEY, Somerset County.

NOTES

Hotel Reservations: It is suggested that if you have not made your reservations that you do so immediately by writing to MR. JOHN B. LYNCH, PROPRIETOR, COMMANDER HOTEL, OCEAN CITY, MARYLAND. All reservations for rooms are to be taken care of by members writing *direct* to the hotel.

Rates at the above hotels, which include meals and ocean bathing facilities, are as follows:

$12.50 per person per day for ocean front, private or connecting bath.
$11.50 per person per day for ocean or bay view, private or connecting bath.
$9 50 per person per day for room with running water.

The following hotels are the ones cooperating with the Commander Hotel and if you are staying at one of these there will be a credit of $2.00 on your hotel bill for cover charge for the *clam bake:*

Commander Hotel—Headquarters
Atlantic Hotel
George Washington Hotel
Royalton Hotel.

Clam Bake-Luncheon: This will also include lobsters, fried chicken, steamed crabs, crab fingers, steamed shrimp, deviled crabs, potatoes, corn on the cob, cheese, pickles and crackers. Hors d'oeuvres and set-ups will be served, but there are no provisions made at the Commander Hotel for the licensed sale of alcoholic beverages. *Cover charge*, including tip, is $3.00 per person. Checks should be made payable to the Medical and Chirurgical Faculty and should be mailed to 1211 Cathedral Street not later than FRIDAY, SEPTEMBER 5, 1952, sooner if possible. Upon receipt of check, tickets will be mailed promptly. If you are staying, on the American Plan, at one of the four cooperating hotels, upon presentation of the ticket stub, you should receive a $2.00 credit on your hotel bill.

Cruise: This feature has been arranged by the Medical and Chirurgical Faculty and tickets will be mailed for those for whom reservation is made. It is necessary to know the number of guests who plan to go on the cruise, so please indicate the names of those going on your reservation card, which is enclosed.

Miniature Golf Tournament: Make reservations on enclosed card. Indicate by name who is playing so tickets may be mailed. This has been arranged by the host societies for those ladies who do not wish to go on the cruise. Keep your score, there will be prizes.

Dance: This is an attractive climax to the Semiannual Meeting and the members are urged to remain for the occasion. There are no provisions made at the Commander Hotel for the licensed sale of alcoholic beverages. So that the host Societies may have the number of guests who will attend, please mark your reservation card, which is enclosed.

Parking Facilities: Ample parking space in close proximity to the Commander Hotel.

Fishing: Boats available for fishing. See enclosure with this program.

PROFESSIONAL CONDUCT COMMITTEE

Mr. President and Members of the House of Delegates:

During the past year thirty-three (33) complaints have been received by the Professional Conduct Committee. In each instance the doctor or doctors involved have been contacted, the Committee has studied the case and the complaint answered.

One meeting of the entire Committee was held in September and cases through that date were discussed. Complaints received from September to April were handled with the Committee by the Secretary, who is an ex officio member, through telephone calls, correspondence and informal meetings.

Respectfully submitted,
CHARLES W. MAXSON, M.D., *Chairman*
GEORGE H. YEAGER, M.D., *Secretary*
ALAN M. CHESNEY, M.D.
WALTER D. WISE, M.D.
A. AUSTIN PEARRE, M.D.
W. HOUSTON TOULSON, M.D.
C. REID EDWARDS, M.D.
MAURICE C. PINCOFFS, M.D.
J. ALBERT CHATARD, M.D.

EDITOR, MARYLAND STATE MEDICAL JOURNAL

Mr. President and Members of the House of Delegates:

On March 31st, 1953, a Journal Representative luncheon was held in the Faculty Building to which those members who have been selected by the Component Society to supply material pertinent to their locality, and the Editorial Board, were invited.

This was well attended and the concensus of opinion seemed to be that this should be an annual procedure. Those attending were Doctors Conrad Acton, J. Tyler Baker, L. M. Cuvillier, Jesse S. Fifer, W. H. Foard, Hugh J. Jewett, G. William Martin, Emil Novak, Theodore Shrop, Donald L. Somerville, O. D. Sprecher, Jr., John A. Wagner, John M. Warren, and Mr. Kirkman.

Mrs. Katherine Tyson, Assistant Publicity Manager of WBAL and WBAL-TV, talked informally relative to obtaining views and effective interesting writing. Her talk evoked considerable discussion. Other topics discussed were Journal expense, the use of symbols for the various journal departments, the monthly news items, the use of photographs, etc.

During the past year the Council has submitted suggestions or recommendations regarding publications in the Journal to the Editor and some of these as a matter of permanent record are included in this report.

The Council approved of accepting a modified form of advertisement for alcoholic beverages in the Journal.

The Council instructed the Editor to publish the Transactions of the Medical and Chirurgical Faculty in the Maryland State Medical Journal. The Transactions of the 1952 Annual Meeting were published in the August Journal for that year. The Council also ruled that the Membership Rosters of the Association are to be printed in the Journal, as these are a part of the Transactions. For 1952, these appeared in the December issue, however, for 1954 it is planned to have the list in either the May or June Journal.

It was brought to the attention of the Council by Dr. George H. Yeager as Secretary of the Faculty and Editor of the Journal, that one of the Trimble lecturers did not leave a written copy of his address. This was requested several times prior to Annual Meeting. These lectures are an integral part of the Archives of the Faculty and the Transactions. The stenotypist made a copy of this lecture which has been sent to the speaker for editing, but it has been impossible to obtain an edited copy. The concensus of opinion of the Editorial Board of the Journal was that this paper should not be published without approval and editing by the author. The suggested ruling of the Editorial Board was confirmed by Council, and in this specific case the transcript is to be filed, but this Trimble Lecture will not be published as a part of the Transactions of the Faculty.

The Maryland State Medical Journal has now been published for one year. Its reception by the membership would seem to justify its continuation.

Mr. Kirkman will include a financial report elsewhere.

Eventually definite office space should be assigned to the Editor, in order to improve general efficiency in compilation of Journal material.

Respectfully submitted,
GEORGE H. YEAGER, M.D., *Editor*

CURATOR

Mr. President and Members of the House of Delegates:

This is the first formal report I have made since the new office of "Curator of the Faculty" was designated by your Council.

To our many members who *never* or *rarely* come to the "Faculty Building" this appointment may seem unnecessary and why should it be necessary to supervise the "things" housed there. To the few members who come often, and know what is contained in the four walls of your building, this desire on the part of your Council is greatly appreciated.

Personally, my being designated as "curator" means very little, as any member with a little time and interest would handle the supervision better, but the main point I wish to bring out is that now, the Council wishes to bring to the attention of our "invisible members" the importance and value of the "things" which may have meant so little to them.

Much has been gathered over years, by your members urging friends or patients to leave to us for safekeeping in our rooms, portraits, diplomas, valuable manuscripts, old instruments and curios. I wonder just how often these are seen by our members. They are there to look at, admire, and help us to cherish past glories with the present and as an aid and impetus to collecting more in the future.

We sometimes travel far and go to much trouble to wander through old museums and galleries which illustrate the glories of the past. Certainly, our more than 150 years of medical progress has been well illustrated by our portraits, books and museum pieces. Have we given enough praise to some of our former members? Many names could be considered, but there are too many to mention in this report. One, I must, and that is John Ruhräh, who did so much for us during his life and left us a very wonderful financial inheritance.

Bringing this report up-to-date, I would like to mention that during the past year we have been given a portrait of Dr. Nathaniel G. Keirle, as well as mementoes which belonged to other members. The Small Hall is now the business office of the Medical and Chirurgical Faculty and the Baltimore City Medical Society. This was necessitated due to the expansion of work. The portraits and busts which were in the Small Hall have been moved to the room on the lower floor formerly known as the Supper Room. The Sections of the Baltimore City Medical Society and other groups hold their meetings here, but this room will accommodate about one hundred. The Upton Scott Chest and the Napoleon Case are now being housed temporarily on the third floor in the Finney Howell Research Room. These changes are all for the better, I think.

Do come now and see what has been accomplished.

Respectfully submitted,
J. ALBERT CHATARD, M.D., *Curator*

MEDICAL ADVISORY COMMITTEE TO SELECTIVE SERVICE

Mr. President and Members of the House of Delegates:

Before presenting to you the most recent figures on the number of doctors eligible for military service in this state and their present status, I would like to restate again the conditions for eligibility for military service under the Doctor Draft Act.

(1) Those doctors who received any part of their medical education at government expense during World War II, or who were deferred from the draft at that time in order to complete a course of study and who have not had more than 89 days of military service since receiving their degree in medicine, are classified Priority I.

(2) Those doctors who have had more than 89 days of military service since receiving their degree in medicine but who have had less than 21 months of military duty are classified Priority II.

(3) Those doctors who have had no military service since September 16, 1940 and who are under 51 years of age are classified Priority III.

(4) Those doctors who are veterans of World War II, even though they only have served for a period of 24 hours as physicians, are classified Priority IV.

242 doctors have been classified in Priority I. Of this number, 102 are on active duty. 40 have received commissions but have not been called to active duty. 12 have completed a period of service of 24 months. 5 have been examined and found qualified for service but have not been commissioned as yet. 8 have been disqualified on the grounds of personal hardship. As of July 1, 1953, only three will continue to receive occupational deferment for professional reasons. At the present time there are 12 men whose deferment will expire as of June 30. 58 doctors of this group of 242 have been disqualified up until recently for physical reasons. However, there has been such a marked lowering of the physical standards for doctors by the military services that a large number of these 58 will be found physically acceptable for limited military duty.

In the Priority II group, 67 men were registered. Of these 12 are on active duty; 25 have been commissioned but have not been called to duty; 2 have completed a tour of 24 months duty; 2 have been disqualified for personal hardship reasons; 5 are deferred on grounds of professional essentiality. But of these five only two should remain so qualified after July 1. 21 have been physically disqualified. Here again these 21 men are being carefully reviewed and undoubtedly this number will be markedly reduced.

677 doctors in this State have been registered in Priority III and of this number 627 have been classified. Of these, 109 have been found acceptable for service up to the present time. Only 6 however are on active duty. 34 men have not had their records completed; 9 have accepted commissions but have not been called to duty; 8 have been deferred on grounds of personal hardship; 4 have been deferred as ministers of religion; 120 have received occupational deferments of varying periods of time; 37 have reached the age of 51 since they were processed and therefore are disqualified on ground of age; and 290 have been disqualified for physical reasons. This number will surely be reduced a great deal by the new physical standards.

In recapitulation, it can be seen that as of July 1, 1953, of 242 doctors in Priority I, 8 will be deferred for hardship reasons and only 3 will be deferred on professional grounds. My guess would be that no more than 10 of the 58 disqualified now for physical reasons will continue to be disqualified. Therefore, 20 doctors in the Priority I group out of a total of 242 will not be available in this category. In Priority II, 2 doctors will be deferred for professional reasons, 2 for personal hardship, and certainly no more than 5 for physical reasons, which means that of 67 doctors in Priority II, approximately 9 will continue to be deferred.

It is obvious, therefore, that in this State the number of doctors qualified in Priority I and Priority II will soon have been exhausted and, for the future, it will be necessary to call up doctors in Priority III. This class represents the largest group by far. Eventually doctors in Priority IV may be recalled.

Just recently General Hershey, Chief of the Selective Service System, issued an order that no doctor in Priority III born before August 30, 1922, should be called up for service, even though he is professionally and physically qualified. This can only mean one thing, and that is that practically all doctors in Priority I and Priority II will have to enter service in the near future and we would feel that there will be no professional deferments continuing in Priorities I and II after January 1, 1954. Certainly the pressure to have every qualified doctor in Priorities I and II enter the service has become extremely great.

I would call to your attention the fact that of the total number of doctors listed in the various classifications, it cannot be assumed that all of these men are actual residents of this State. Actually, many of them are not residents of this State and therefore the depletion of the physicians available for civilian duties in Maryland is not as great as it would appear. This is due to the fact that when the Civilian Draft Act of 1948 was passed, men qualified to register under the draft at that time had to register in the area in which they were residing, whether they were legal residents of the State at that time or not. No matter where they may live at the present time, they are still subject to the jurisdiction of the draft board under which they registered in 1948 and therefore we find that we are processing doctors who are residing all over this country and some who are in foreign lands. This is accomplished by a close cooperation between the various State medical advisory committees. For example, we do not feel that we should express an opinion on the professional eligibility of a doctor for service, even though he is registered under a Maryland draft board, when he has been residing in the State of Oregon for the past two years. When his name comes to our attention, we immediately correspond with the Chairman of the Oregon State Advisory Committee and forward his opinion to the Maryland draft board concerned. I would also like to call attention to the fact that many of the doctors in Priorities I and II have been, or are receiving periods of hospital internship and would not in the natural course of events reside in Maryland but would leave the State on completion of their training. Therefore, the figures I have presented cannot be used to pass judgement upon the depletion of doctors rendering civilian service in this State. However, this program has resulted in a rather serious reduction in the medical services in this city, especially in the hospitals. I would call to your attention the fact that many of the younger doctors in the Priority III group, who represent men who have graduated from medical school in 1948 up to the present, are receiving periods of hospital training and that would account in large measure for the high percentage of doctors deferred in the third priority. The loss of the older doctors in the Priority III group to the military services will undoubtedly cause real hardship in civilian communities. The Maryland Advisory Committee has felt that all doctors who were deferred from military service in World War II should now be considered eligible for military service practically without exception. However, because we have declared these men eligible for military service, it does not necessarily imply that they should all enter the service at one and the same time. They should be called up for service in a carefully prescribed manner. At the present time it has been the policy of the National Advisory Committee to advocate that doctors in Priority III group should be called into service by age groups. This would certainly seem to be a fair and reasonable method. During the past few months, however, the Selective Service System began to call up doctors in the Priority III group up to 38 years of age and not by age groups. Fortunately the recent order of General Hershey, referred to above, stopped this process and at least four doctors in Maryland from 36 to 38 years of age were spared from entering the service before much younger doctors in the same priority had been called up.

It might be of interest to note that there are three conscientious objectors classified in Priority I in this State and two of these already have been assigned to civil service jobs, whereas the third one has been delayed because of his age. At the present there are two aliens registered in this State in the Priority III group, who may or may not be called into service.

I would like to call to your attention that the Chairmen of the State Advisory Committees are writing to every doctor who is about to be released from his period of military service offering to assist him in any way possible to obtain further postgraduate training or to find a location in which to practice. This program has been instituted in conjunction with the American Medical Association during the past year.

In conclusion, I think it can be readily seen that the Maryland Advisory Committee has carried out the terms of Public Law 779 in an effective manner, and I do not feel that there are very many doctors qualified for military service in the first and second priorities who have been deferred from service unjustly. We have tried to be as fair as possible, yet firm. We can only ask your cooperation and your support for this program, which must be considered to be at best an onerous, burdensome thing for a doctor to comply with, requiring real sacrifice, both financial and professional. However, it is the price we have to pay today to survive as a free nation in these turbulent times.

Respectfully submitted,

R. Walter Graham, Jr., M.D., *Chairman*

COMMITTEE FOR BETTER DISTRIBUTION OF DOCTORS THROUGHOUT THE STATE

Mr. President and Members of the House of Delegates:

The Committee for Better Distribution of Doctors Throughout the State of Maryland has had no meeting since its appointment, as a preliminary study of the problem of the Chairman indicated that the charge made to this Committee was a tremendous one with perhaps more connotations than were at first realized by the originators of the idea. However, both of these factors indicate that there *is* a problem, that it involves many facets of medicine in Maryland, and the solution will require much investigation, planning and public-relations' work for some years to come, if the experience of other States is any indication.

Statistical information must be collected as to:—the actual number of physicians in Maryland, where they live and their types of practice; the needs and facilities of each community and what each can and will do to attract doctors and to keep them; ways and means to increase and improve these facilities, and many other facets of the problem which will develop as progress is made.

As stated above, a review of the activities of four States indicates that the Committee appointed by President Chesney in October, 1952 might be expected to act in a motivating and advisory capacity, but that facilities and personnel will need be established to collect and organize factual data, to implement and distribute information, and to staff a permanent bureau for future usefulness and activity in all respects. To initiate the project it would seem that one full-time person should be employed with secretarial assistance (latter will probably become full-time need in a short time). Later, funds for travel in the field and even to other States will be needed as well as for expansion of the central office as becomes necessary.

The proper development of this project might well be one of the most valuable and far reaching services of the Medical Faculty of Maryland to the State of Maryland. The Committee requests further direction as to how it should proceed.

Respectfully submitted,
ALLEN F. VOSHELL, M.D., *Chairman*
E. I. BAUMGARTNER, M.D.
A. M. FRANCE, M.D.
I. RIVERS HANSON, M.D.
RICHARD T. SHACKELFORD, M.D.

COMMITTEE TO STUDY LEGISLATIVE AND PROFESSIONAL STANDARDS AND STAFF RELATIONS OF HOSPITALS

Mr. President and Members of the House of Delegates:

At the semi-annual meeting of the Medical and Chirurgical Faculty of the State of Maryland in Ocean City, it was decided that a Committee should be appointed to study the possibilities of a better hospital licensure law.

This committee was appointed by Dr. Chesney consisting of Dr. Merrell L. Stout, Dr. William H. F. Warthen, Dr. Ernest I. Cornbrooks, Jr., Dr. Russell A. Nelson and Dr. Ross Z. Pierpont. The committee has held numerous telephone conferences individually and two full meetings. All of the aspects of the situation were carefully gone over and to summarize briefly the committee felt that while the Medical Practices Act and the Blue Cross might be ancillary facilities as far as hospital control is concerned, that the problem could not be solved in either of these situations. It was finally decided that the hospital licensure law was the only place in which real control could be built into the problem.

A careful study of the law in this and other states revealed the fact that our law is essentially a good one, except for the fact that one very large loophole, with regard to professional staffs, is present. In looking further we found that the original law, which was presented to the legislature in Section 496G read as follows: "The State Department of Health shall have full power and authority to make and promulgate reasonable rules and regulations classifying hospitals and prescribing minimum standards of safety and sanitation in the physical plant, of diagnostic, therapeutic and laboratory facilities and equipment of each class of hospitals, and minimum qualifications or training of the professional staffs for each class of hospitals, provided, however, that nothing contained in this Sub-title shall affect the right of each institution to employ its own personnel and staff,. . . ." However, the Medical and Chirurgical Faculty had the following removed: "minimum qualifications or training of the professional staffs for each class of hospitals."

This committee now feels that this provision should be replaced in the law since we believe the professional staff of any hospital is one of the most important elements of that hospital's satisfactory performance. Although some may have apprehension that this being administered by the State Department of Health might create an undesirable setting of control by a state agency of professional activities in a hospital, we do not believe that this will follow. On the contrary, The Maryland State Department of Health, through the Board of Health, has adequate representation of the practicing medical profession of the state. Furthermore, we recommend that in the administration of the hospital licensure law, with the added feature of setting standards for professional staff, the State Board of Health establish an advisory committee from the Medical and Chirurgical Faculty of the State of Maryland. If this recommendation is followed out, the Medical Faculty would have a direct access to advise the State Board of Health on hospital licensure.

The committee further recommends to the House of Delegates that these members from the Medical and Chirurgical Faculty be a combination of appointive and elective members.

The chairman wishes at this time to express his gratitude for the extended effort of all members of the committee and we are all, I am sure, grateful to Mr. Kirkman for his sound counsel and advice.

Since this concludes our efforts, we respectfully submit this report and ask for our discharge at this time.

Respectfully submitted,
ROSS Z. PIERPONT, M.D., *Chairman*
ERNEST I. CORNBROOKS, JR., M.D.
RUSSELL A. NELSON, M.D.
MERRELL L. STOUT, M.D.
WILLIAM H. F. WARTHEN, M.D.

COMMITTEE TO STUDY AN INSURANCE PROBLEM

Mr. President and Members of the House of Delegates:

The Committee to Study an Insurance Problem consisting of Doctors William L. Garlick, Alexander J. Schaffer and John Parsons has met and submit the following report:

The Committee wishes to restate that it was appointed to suggest a method for the collection of large sums of money for medical services rendered by resident physicians in hospitals, which were being left in the hands of prepaid medical insurance companies and being lost to the medical profession. The Committee made two suggestions—

1. that such monies be collected by a private physician having accepted that patient as his own,

2. that such monies be collected by a physician authorized by the board of governors of an institution and to be placed in a fund to be used at the discretion of that professional board.

These suggestions have been carried out by the majority of the hospitals in the city. Large sums of money have been placed in funds set up by these hospitals for the further training of their resident staff. The problem is peculiar to the hospitals in the City of Baltimore rather than to any of the county hospitals. The major portion of such funds have come from the Maryland Medical Service, Inc., i.e., Blue Shield. There has been only the occasional patient with other than non-profit insurance (such as Blue Shield) from whose insurance company such monies have been collected. The Committee obtained from the Maryland Medical Service, Inc., the following report of payments made to special funds established for furtherance of graduate medical education in all the institutions where such funds had been established and reported to it. It is to be noted that none of the Catholic hospitals appear on this list. It is the understanding of the Committee that some of the Catholic hospitals have recently established such funds. It is to be noted that about 85% of these payments have been made under the special surgical program for the Bethlehem Steel. It is believed that in large part these payments are for services rendered to Negro patients. These figures are for the year 1952. One factor in the collection of fees in the Baltimore City Hospitals has been the work done in poliomyelitis.

MARYLAND MEDICAL SERVICE, INC.

Payments made to Hospitals for Services Rendered to Blue Shield Subscribers by Members of Resident Staff, Where Special Fund Established for Furtherance of Graduate Medical Education.

Year 1952

	Standard	*Bethlehem Steel*	*Total*
Baltimore Eye, Ear and Throat Hospital	$ 30.00	$ 150.00	$ 180.00
Church Home and Hospital	109.69	3,457.50	3,567.19
Franklin Square Hospital	—	100.00	100.00
Women's Hospital	514.00	2,315.00	2,829.00
Johns Hopkins Hospital	5,265.21	41,279.50	46,544.71
Sinai Hospital	673.89	3,110.00	3,783.89
South Baltimore General	—	60.00	60.00
Union Memorial Hospital	318.75	—	318.75
Baltimore City Hospitals	1,387.69	13,202.50	14,590.19
	$8,299.23	$63,674.50	$71,973.73

(March 1953)

The payments made to these hospitals constitute approximately 7% of Blue Shield total payments for care to all subscribers in 1952.

In January, 1953 the Baltimore City Medical Society passed the following resolution:

"Whereas, it has come to the attention of the Baltimore City Medical Society that the Maryland Medical Service, Incorporated, is paying professional fees on behalf of some of its subscribers who are being rendered care by the Resident Staffs of Maryland Hospitals, be it resolved that the Baltimore City Medical Society is in favor of the payment of such professional fees into special funds established for the purpose of post-graduate training, provided that such funds be under the control of the professional staff advisory board of the institutions concerned.

"Be it further resolved that the delegates of the Baltimore City Medical Society to the House of Delegates of the Medical and Chirurgical Faculty of Maryland be instructed to propose and support the principle of the foregoing resolution in the House of Delegates at the Annual Meeting."

The Committee quote from its original report of 1951:

"It is recommended that such hospitals establish an authorized officer, a physician, to collect such fees, and monies so obtained to be used as their board of governors deem advisable."

The Committee hence approves of the resolution of the Baltimore City Medical Society of January 16th, 1953.

One further problem was considered during the year. The American Health Insurance Corporation through Mr. W. deV. Washburn, its president, sent the enclosed letter to the chairman of the Committee after various telephone conversations, the essence of the letter being that the insurance company questioned payment on a claim where the policy benefit had been assigned to a hospital. The letter follows:

AMERICAN HEALTH INSURANCE CORPORATION

First National Bank Building
Baltimore 2, Md.
November 5, 1952

Dr. William L. Garlick
700 North Charles Street
Baltimore, Maryland

Dear Dr. Garlick:

In accordance with our conversation some time ago, here are the facts for your file in connection with an actual case that typifies the "Insurance Problem" which your Committee has been asked to study for the Faculty.

In this case, our policyowner is a 62 year old colored tenant farmer from a rural Southern Maryland county. Economically, I would place him well down in the income brackets. He is not eligible for group insurance by reason of his employment status or otherwise. I would say that politically he is the type of voter to whom compulsory health insurance and socialized medicine might appeal strongly, particularly when "given" by a paternalistic government. In trying to spread and perfect voluntary health insurance, this is probably the most difficult type to cover successfully, because of the combination of rural location, low cash earnings and non-affiliation with a group.

In November of 1950, following the extensive advertising appeal made by the A.M.A. to buy health insurance "the voluntary way," this man was persuaded by one of our agents to insure himself and his dependents under a family policy to become effective December 1, 1950. The expense limits provided by his policy were based on $6.00 daily hospital room charges and included related "extras," and also included a surgical procedure fee schedule ranging between $10.00 and $200.00. These limits are probably substantially in excess of amounts usually collected from this type of patient by the hospitals and doctors in his community. We permitted him to pay his premiums monthly to our agency office at Hughesville, but the monthly premium of $6.00 was still to him an undoubtedly large amount.

This year he was admitted to a Baltimore Hospital as a ward patient with a recent history of recurrence of gross hematuria, diurnal and nocturnal frequency and a very slow stream, symptoms which had previously been cleared up by operation and treatment. Apparently he was not referred to the hospital by a physician.

When we received the claim form it showed that policy benefits had been assigned to the hospital.

With the claim form was a bill from the hospital for $588.10, representing 16 days room charge at $13.00 daily, $180.00 of other hospital charges, and "Professional Fee"—$200.00. *It was accompanied by a "Hospital Report" indicating that a perineal prostatectomy had been performed and showing the doctor's name. Our claim adjuster was faced with several questions:*

(1) Should the claim be honored without investigation, since we do not accept liability (except for group policies) for conditions known to the applicant to exist when coverage is applied for?

(2) Should we pay the allowance for surgeon's fee to the hospital?

He checked further and decided to honor the claim although the condition requiring care had existed prior to our policy and had been known to the applicant, as he felt the policyowner had purchased our policy in good faith upon the recommendation of our agent and of a local doctor whom he had asked about our Company.

In the course of his checking, he found that the hospital was looking to the patient or his son for payment of the porlion of its bill not covered by insurance.

The second question is not so easily answered. Should we pay the hospital the amount allowed for expense incurred for a surgical operation?

Our policy specifically states "the physician-patient relationship shall be maintained." This statement is not inserted primarily to protect the doctors' pocketbooks. It is there because the contract affects the doctor and patient when a claim arises and we do not want either of them or the public to be affected adversely by a legal instrument we prepared.

I don't believe control by hospitals of the practice of medicine would be preferable to socialized medicine in the long run. It would make for even less feeling by the doctor, of personal responsibility for the individual patient, which I believe is the priceless ingredient in the so-called physician-patient relationship. I don't believe the doctors should want hospitals billing and collecting from insurance companies for operations. If we insurers acquiesce in such practices, are we acting in the public interest?

This question of who collects the fee, it seems to me, is the crux of the problem of maintaining the personal touch between doctor and patient. It would not be a realistic appraisal of human incentives to think otherwise.

It is our understanding that for a number of years the A.M.A. and the American Hospital Association have agreed that hospital-physician financial arrangements be left for settlement on a local basis.

Hence we are asking the Faculty whether it is ethical in Maryland for a hospital to bill us and for us to pay it for performance of a surgical operation. Specifically, does such a practice "maintain the physician-patient relationship"?

If this is over-simplified, the problem might be broken down into an examination of the propriety of hospitals in Maryland billing, and insurers paying them for, professional services performed by:

(1) Internes.

(2) Teaching doctors, for a ward patient paying a substantial part of his hospital bill, where the operation is used in "demonstrating."

(3) A salaried doctor who, by reason of contract with a hospital, school or governmental body, is not permitted to practice privately for remuneration.

It should be obvious that, because insurance costs to the public depend directly upon claim payments, acceptance of such billings by insurers ultimately means payment of them by the insuring public, with the insurer only an intermediary in the process. Naturally, if we pay the hospitals, we will charge the public.

If further comments will be helpful, please advise.

Cordially,

W. deV. Washburn (Signed)

W. deV. Washburn
President

WW:RMC

Several factors were involved, (1) the semi-private or ward patient who seeks services covered by commercial insurance, (2) such services rendered by a house physician supervised by a full time salaried physician of a teaching staff.

The Committee recommends that all such commercial insurance fees be collected in the same manner as the non-profit insurance, i.e., (1) by the physician who accepts the responsibility of the patient or (2) by an authorized officer, a physician, to go into a fund for furtherance of graduate medical education.

The Committee wishes to call attention to the profound sociological effect of big industrial companies affording medical coverage for its workers and their families as in the case of the Bethlehem Steel Special Plan and that immediate effect on medicine, as shown in this particular problem.

Respectfully submitted,
WILLIAM L. GARLICK, M.D., *Chairman*
JOHN W. PARSONS, M.D.
ALEXANDER J. SCHAFFER, M.D.

COMMITTEE FOR THE STUDY OF CERTAIN PHASES OF MEDICAL ECONOMICS

Mr. President and Members of the House of Delegates:

The following recommendations by the committee were adopted by the House of Delegates of the Medical and Chirurgical Faculty at the annual meeting on April 28, 1952. They recommended that the Medical and Chirurgical Faculty in conjunction with other interested groups, prepare and sponsor a bill, incorporating the following ideas, to be presented to the Maryland Legislature at the 1953 session.

1) The cost and compensation for time lost during the training period be deductible from income tax over a suitable number of years.

2) Postgraduate and advanced training be deductible.

3) Setting up of a retirement plan taxable only on payment, which would allow an individual to prepare during his active years for his declining years.

On October 10, 1952 the above committee was asked to prepare such a bill and present it to the Maryland Legislature in 1953. The members of the committee felt that it was too late to prepare such a bill and get the necessary ground work done by the component societies, in order to get any consideration by the 1953 Legislature. The Council was so informed and invited the Chairman, Dr. Moyers, to the meeting of December 2, 1953. At that meeting the following action was taken and is quoted from the Council Minutes:

"Dr. Moyers stated that it would be impossible to present an appropriate bill in time for the 1953 session, and recommended that further study be made of the problem with the idea of presenting a bill, incorporating the suggestions of the Committee, at a subsequent meeting of the State Legislature. Upon motion of Dr. Pincoffs, it was approved that presentation of a bill to the Maryland General Assembly be postponed for another year and that the House of Delegates be so informed at its annual session in April 1953. Meanwhile, it was suggested that Dr. Moyers present the problem for review at the 1953 Annual Meeting of the House of Delegates for reaffirmation, and for discussion of a draft of the law to be presented."

Since such legislation could not be introduced until the next regular meeting of the Legislature in 1955, and since two of the three recommendations are now under consideration nationally, it would seem wiser for the Medical and Chirurgical Faculty to give its full support to the efforts now being made. The setting up of a retirement fund is before Congress now and it is extremely important that the members of the Medical and Chirurgical Faculty of Maryland contact their representatives and senators and inform them of the merits of these bills and the crying need for such legislation. The House of Delegates of the American Medical Association has approved the principle of these bills, and are eager to have our assistance in promoting them in Congress.

The Jenkins (Reed)—Keough Bills, H.R.10 and H.R.11, which were introduced in the 83rd Congress on January 3, are an attempt to solve the income tax discrimination against the self-employed persons (eleven million in all) in the matter of provision for retirement years. These bills would permit a self-employed person to deduct 10% of his earned net income or $7,500, whichever is smaller, from gross taxable income, provided that the money is invested in a restricted retirement fund or a restricted retirement annuity.

The following quotation from a letter from J. W. Holloway, Jr., Director of the American Medical Association Bureau of Legal Medicine and Legislation stated the present effort to change the status of postgraduate study.

"As you may know there has been in existence, a considerable number of years a ruling by the Office of the Commissioner of Internal Revenue in Washington that expenses incurred by a physician in pursuing postgraduate study are personal in nature and therefore not deductible for federal income tax purposes. We have on a number of occasions made efforts to induce the Commissioner to reverse this ruling but have met with no success. About a year ago we employed special tax counsel to prosecute this matter for us and it was at that time discovered that there was pending before the United States Tax Court a case involving a lawyer who had claimed as a deduction certain expenses he incurred in attending a course on taxation in New York. On advice of our tax counsel we filed a brief as amicus curiee with the Tax Court in support of the contentions made by the lawyer in this case because the principle involved was the same as the one involved in the right of a physician to deduct similar expenses. The Tax Court in a very unconvincing opinion held against the lawyer and the case has been appealed to the United States Court of Appeals, 2d. Circuit, and a hearing on the appeal has been scheduled for March 11. Our tax counsel has filed a brief in this appeal case and will actively participate in the oral presentation before the appellate court."

The recommendations for the deduction for expense and time lost in long time training programs brings up many problems and will need further study. It will probably be best to wait on this one and concentrate on the other two.

Do you think it would be a step in the right direction for the Medical and Chirurgical Faculty of Maryland to go on record as supporting Bills H.R.10, and H.R.11 and so inform the Maryland Senators and Congressman? Also would it not be good to commend Mr. Holloway, Jr., Director of the American Medical Association Bureau of Legal Medicine and Legislation on his effort to change the ruling on postgraudate education?

This report briefly summarizes the present legislation pending on income tax problem. The Chairman has much more detailed information if any one wishes it.

Respectfully submitted,
WALDO B. MOYERS, M.D., *Chairman*
WOLCOTT L. ETIENNE, M.D.
HOUSTON S. EVERETT, M.D.
THOMAS K. GALVIN, M.D.
FRANK J. OTENASEK, M.D.

COMMITTEE TO COOPERATE WITH AMERICAN MEDICAL EDUCATION FOUNDATION

Mr. President and Members of the House of Delegates:

To the sound of good wishes sent to the American Medical Education Foundation by President Eisenhower the meeting of the Foundation and its national representatives (state chairmen, etc.) opened in Chicago, January 25, 1953. This meeting was a review of the efforts of the various states for the year 1952, closing December 31. At that time prior to January 25, 1952, Maryland had eighty-seven contributors with a total contribution of $5,713.00. These figures do not include contributions made directly to the medical schools, some of which may be a result of the efforts of the Foundation program. Nevertheless, only monies that actually passed through the Foundation's hands were credited to the Foundation. It was again emphasized in this meeting that the National Foundation's (lay organizations) contingent funds, that is those funds which will be used to match contributions of doctors to the American Medical Education Foundation, can only be used to match monies that come *through* the Founda-

tion. It is hoped, therefore, that regardless of how the contributions were made to the medical school that ultimately a check for the total contributions received by the Alumni Association of Medical Schools will be sent annually to the American Medical Education Foundation and naturally to be earmarked back to that school that sends the check. This would in no way interfere with the administration by the school of the direct contributions. The total fund of the American Medical Education Foundation to be matched by contingent funds hence would be swelled.

The Chairman wishes to thank the Editor and secretarial staff of the State Journal for their splendid cooperation in connection with publicity for the program, and also the Faculty office staff for their accurate recording of the tally and prompt acknowledgements of all contributions. Hearty thanks go to our Committee, who have served well this past year. To the new members of the Committee, whose names are listed herein, I bid you welcome and am looking forward to a big year with your help. Our goal this year is two million dollars from all states to the American Medical Education Foundation. The past year saw us over the one million mark.

In general, mail solicitation proved the least effective and person to person solicitation plus personal appearances at nine of our twenty-two component societies by the Chairman seemed to be of greater value. Heavy emphasis will be given this type of approach in enlarging our Committee this year. Correspondence has been maintained with the presidents of all twenty-two societies with a courteous response from most. Thanks goes to those societies who were hosts at dinner to Committee speakers.

May I still suggest that eighty-seven contributors to such a vital project in behalf of the entire medical profession is still a small number in a society that acknowledges over eighteen hundred members. We need lots more of the loyal supporters such as Dr. Harvey Stone, who will receive the American Medical Education Foundation Award of Merit for his generous contributions.

Respectfully submitted,
NEWLAND E. DAY, M.D., *Chairman*
THURSTON R. ADAMS, M.D.
WALTER E. BAETJER, M.D.
JOHN G. BALL, M.D.
J. H. BATES, M.D.
KATHERINE A. CHAPMAN, M.D.
STUART CHRISTHILF, JR., M.D.
H. V. DAVIS, M.D.
WILFRED W. EASTMAN, M.D.
CHARLES R. FOUTZ, M.D.
J. STANLEY GRABILL, M.D.
DONALD B. GROVE, M.D.
WILLIAM B. HAGAN, M.D.
L. A. HOFFMAN, M.D.
PHILIP A. INSLEY, M.D.
W. O. MCLANE, JR., M.D.
ERNEST F. POOLE, M.D.
PAUL H. ROYSE, M.D.
THEODORE R. SHROP, M.D.
M. H. SPRECHER, M.D.

ARMY MEDICAL LIBRARY COMMITTEE

Negative Report.

ANDREW C. GILLIS, M.D., *Chairman;* DRS. J. T. KING, J. E. SAVAGE, L. R. WHARTON, S. WOLMAN.

BLOOD BANK ADVISORY COMMITTEE

Mr. President and Members of the House of Delegates:

In accordance with your request I have the honor to submit the report of the Blood Bank Committee of the Medical and Chirurgical Faculty of the State of Maryland. The President of the Faculty requested that your Committee investigate the problem of the availability of blood to the various county hospitals and to see what unmet needs there were in these institutions.

Sixteen hospitals were contacted (see appended list) with a total of 1,491 beds and covering we believe the entire State, with the exception of Baltimore City and the Washington suburban area. Two hospitals were visited in person by a member of this Committee, namely the Anne Arundel County General in Annapolis and the Peninsula Hospital in Salisbury. The remainder were sent a letter, copy of which is enclosed.

All but three hospitals signified that they had a reasonably adequate supply of blood for their normal needs and that no supplementary supply of blood was necessary.

The three institutions which stated that they had an insufficient supply of blood were Prince Frederick (32 beds), Crisfield (38 beds) and Easton (108 beds). The hospital at Easton also voluntarily stated that while they needed more blood, they wished to have no part in any Red Cross program (which in the opinion of the Committee would be about the only logical blood course).

In the light of the above facts, since only 178, or less than 12% of the 1,491 beds covered, saw a need for additional blood, your Committee felt that a statewide campaign for additional blood was not in order and that the three institutions needing more blood should be urged to contact the other hospitals in their vicinity to arrange for increased bleeding of local donors in their respective areas. Specifically Crisfield and Easton could lean toward Cambridge and Salisbury for help and Prince Frederick toward Annapolis.

Your Committee also was appointed to represent the Medical and Chirurgical Faculty in negotiations with the Red Cross on various matters pertaining to blood, and met with the Blood Program Committee of the Red Cross at a recent date and learned at that time that the Red Cross Blood quota for the Baltimore Chapter had been substantially increased, due to the fact that the Office of Defense Mobilization was anxious to obtain gamma globulin for administration in polio. Your Committee questioned the advisability of increasing the Red Cross quota and publicizing the use of gamma globulin for two reasons, one was that it did not know what effect this would have on civilian hospital blood banks in this area and two, that it felt the impact of the gamma globulin publicity might be a serious one next summer when the "polio season" starts in this area.

The Committee wrote to the Council of the Medical and Chirurgical Faculty on February 6 expressing its reservations

concerning this program and asked for an opinion from the Council as to how it felt in the matter.

Respectfully submitted,
MERRELL L. STOUT, M.D., *Chairman*
C. LOCKARD CONLEY, M.D.
KENDRICK MCCULLOUGH, M.D.
WALTER C. MERKEL, M.D.
H. RAYMOND PETERS, M.D.
MILTON S. SACKS M.D.
BENEDICT SKITARELIC, M.D.
JOHN WHITRIDGE, JR., M.D.

(*Appended list referred to in Blood Bank Advisory Committee Report.*)

THE HOSPITAL FOR THE WOMEN OF MARYLAND
BALTIMORE 17, MARYLAND

MERRELL L. STOUT, M.D., DIRECTOR

January 29, 1953

Dear Administrator:

While realizing that there are times when no hospital has sufficient blood available, do you feel that on the average at present your blood needs are being met?

If not, and additional blood could be supplied to you without cost, from a central source, do you feel you have sufficient trained technical personnel available to cross-match and administer additional quantities?

We would appreciate your checking the appropriate boxes at the bottom of this page and returning this letter to us in the enclosed self-addressed stamped envelope.

Very truly yours,
Merrell L. Stout, M.D.

Chairman, Blood Bank Committee of the
Medical and Chirurgical Faculty of Maryland
Sufficient blood *yes* ☐ *no* ☐
Sufficient personnel *yes* ☐ *no* ☐

Hospital	*No. of beds*
Prince Frederick	32
Crisfield	38
Easton	108
Annapolis	70
Salisbury	200
La Plata	40
Havre de Grace	72
Cambridge	78
Frederick	125
Garrett County	37
Memorial, Cumberland	217
Allegany, Cumberland	134
Frostburg	51
Elkton	75
Hagerstown	184
Chesterlown	30
	1,491

February 6, 1953

CANCER COMMITTEE

Mr. President and Members of the House of Delegates:

As in former years the vast majority of the cancer work in the State of Maryland has been accomplished by the Maryland Division of the American Cancer Society. The work has progressed in general as in former years and detection centers are now in operation in every county except Allegany and Garrett; the last detection center was installed in Somerset County. This year there were 3,690 examinees compared with 3,728 in the previous year. There were ten cancers diagnosed at the time of the original examination, nine of which were cancer of the cervix and one a cancer of the lip in a man. The cost of finding a cancer patient in the detection center, is approximately $1,000; it is interesting to note that the cost has not changed materially in the past several years. This figure does not include the treatment of the patient.

During the course of the latter portion of the year the question of the value of detection centers was discussed and as a result of this a committee was appointed to consider the problem. They will report later to the Executive Committee of the Cancer Society with a view to undertaking some other program in place of detection centers. In regard to continuing the detection centers, I feel that they should be continued at this time for this is one tangible asset that is provided to the layman.

The pathological services, sponsored by the Society, at the Johns Hopkins Medical School and University Hospital, have continued to operate. A total of 2,349 biopsies were studied.

The Maryland Division of the Cancer Society has expended $40,000.00 for grants-in-aid for cancer research. This is an amount similar to that spent in the preceding year. In addition to the above $5,150 was disbursed for grants-in-aid for service projects which have been established in various hospitals.

The Committee for the Study of Pelvic Cancer was formed; this committee, which is an official committee of the Medical and Chirurgical Faculty of the State of Maryland, is financially supported by a grant from the Maryland Division of the American Cancer Society.

Financial assistance to the medically indigent patient has also been carried out. This included an appropriation for surgical dressings. During the year 156 individuals were aided directly; in addition to this, by assistance of the Visiting Nurses Association 59 additional patients were helped, making a total of 215 individuals aided. The exact number of paitents helped through the dressing program is not known.

We are indeed fortunate in having such an active and successful division of the Cancer Society which has made great progress and accomplished much in the past few years.

The Cancer Committee of the Medical and Chirurgical Faculty has existed for a number of years with a very large personnel. Due to the fact that the committee has never met as a whole I would suggest that its membership be greatly diminished so that the activities could be carried on by the

Chairman and five or six interested members. If the future need arises the membership may be augmented.

Respectfully submitted,

J. Mason Hundley, Jr., M.D., *Chairman*
C. Bernard Brack, M.D.
L. H. Brumback, M.D.
L. Clarence Cohn, M.D.
Beverley C. Compton, M.D.
William K. Diehl, M.D.
Everett S. Diggs, M.D.
Wylie M. Faw, Jr., M.D.
Gerald A. Galvin, M.D.
Howard W. Jones, Jr., M.D.
James T. Marsh, M.D.
William Neill, Jr., M.D.
William D. Noble, M.D.
Arthur G. Siwinski, M.D.
Edwin H. Stewart, Jr., M.D.
Richard W. TeLinde, M.D.
James B. Thomas, M.D.
Grant E. Ward, M.D.

COMMITTEE ON CONSTITUTION AND BY-LAWS

Mr. President and Members of the House of Delegates:

When you read the Constitution and By-Laws of the Medical and Chirurgical Faculty of the State of Maryland and think of the date of Incorporation, January 20, 1799 (154 years ago) and the date of Adoption, April 26, 1904 (nearly 49 years ago), you are forcibly impressed by the wisdom and thoroughness written into this document which has been used to govern our State Society these many years.

The Committee last appointed to revise the Constitution, consisting of Dr. Lawrence R. Wharton, Chairman, and Drs. Clewell Howell and John T. King, have certainly very ably brought the Constitution up to date with the most recent amendments as of April 1952.

Your present Committee, being composed of Dr. W. Houston Toulson, Dr. E. Cowles Andrus, Dr. Donald H. Hooker, and myself, have held several conferences and meetings. We have been fortunate to have Drs. Chatard, Yeager, Wharton and Diggs meet with us. In view of the growth of our Society, whose membership now numbers 2,451, and perhaps to keep up with our changing world, we submit to the House of Delegates for its approval several additional changes in our State Constitution.

Some of the suggestions and recommendations were referred to the Committee by action of the House of Delegates at its meeting in September 1952. Other amendments were suggested by the Council of the Medical and Chirurgical Faculty.

AMENDMENTS
CONSTITUTION AND BY-LAWS
CONSTITUTION

(Amendments appear in CAPITAL LETTERS)

ARTICLE XIV—Amendments

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous annual, semi-annual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

The following amendments to the Constitution will be presented to the House of Delegates on Tuesday, April 28, 1953, but final action cannot be taken until the Annual Meeting of the House of Delegates in 1954.

ARTICLE V—House of Delegates

Section 2.

The House of Delegates shall consist of (1) delegates elected by the component societies, each component society being entitled to elect one delegate for each 50 active members in good standing, or major fraction thereof; provided each component society shall be entitled to elect at least one delegate; (2) the membership of the Council; (3) ex-officio, the President, the incoming President, the immediate past President, the Chairman of the Library Committee, the delegates to the House of Delegates of the American Medical Association; and (4) one member elected by the State Board of Medical Examiners.

Amendment:

Delete: (3) EX-OFFICIO, THE PRESIDENT, THE INCOMING PRESIDENT, THE IMMEDIATE PAST PRESIDENT, THE CHAIRMAN OF THE LIBRARY COMMITTEE, THE DELEGATES TO THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION: AND

Change: Number (4) to read (3)

Explanation: This Section has been deleted on recommendation of the Council as ARTICLE VI, Section 2, contains this information. Take note, in this Section, that the following has not been amended: "one member elected by the State Board of Medical Examiners."

ARTICLE VI—Council

Section 2.

The Council shall consist of (1) fifteen Councilors; and (2) the President, the immediate past President, the President-elect, the Secretary, the Treasurer, and the Chairman of the Library Committee, and Delegates to the American Medical Association House of Delegates, AND CHAIRMAN OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS.

Amendment:

Delete: AND (after Treasurer)
AND (after Committee)
and add final clause as noted in Capital Letters above.

ARTICLE VII—Officers

Section 3.

All officers, except Councilors, shall serve a term of one (1) year. The term of the Councilors shall be for three (3) years from the date of their installation into office, PROVIDED HOWEVER THAT NO COUNCILOR MAY SERVE MORE THAN TWO (2) CONSECUTIVE ELECTED TERMS.

Explanation: The Resolution presented and adopted by the House of Delegates September 1952, regarding terms of Councilors, will be recalled. "Be it Resolved that the Baltimore County Medical Association recommends that the elected members of the Council of the Medical and Chirurgical Faculty of the State of Maryland be limited to two (2) consecutive terms."

ARTICLE VIII—Sessions and Meetings

Section 2.

Special meetings of either the Faculty or the House of Delegates may be called by the President or on petition of 10 delegates or 20 members respectively.

Amendment:

Change: Figure "20" to read: "50"

Explanation: At present, the membership is approximately 2,451 and there are approximately 79 members of the House of Delegates. Our Committee called attention to ARTICLE VIII, Section 2, pertaining to Sessions and Meetings and questioned whether twenty (20) members is not too small a number to petition for special meetings of either the Faculty or the House of Delegates, in view of the growth of the Medical and Chirurgical Faculty, and recommended that the figure be changed to fifty (50).

ARTICLE XI—Funds and Expenses

Section 2.

Funds may also be raised by such special assessments on members as the House of Delegates, OR IN THE INTERIM OF HOUSE OF DELEGATES MEETINGS THE COUNCIL, may determine; by voluntary contributions, devises, bequests and other gifts; by sale of the Faculty's publications, or in any other manner approved by the House of Delegates.

Note Amendment: or in the interim of House of Delegates Meetings the Council

BY-LAWS

(Amendments appear in CAPITAL LETTERS)

CHAPTER XI—Amendments

These By-Laws may be amended at any Annual Meeting of the House of Delegates by a majority vote of all the delegates present at that session, after the amendment has laid on the table for one day; or at any Semi-Annual Meeting by a majority vote of all the delegates present at that session, providing the amendment has been sent officially to all the delegates at least 30 days prior to the Semi-Annual Meeting.

The amendments to the By-Laws are being presented today, and as indicated in Chapter XI, these amendments may lay on the table for one day and final action will therefore be taken on Wednesday, April 29, 1953.

CHAPTER II—Dues and Assessments

Section 1. *Active Members.* Funds shall be raised by per capita dues to be paid by every member of the component societies. The amount of the dues shall be $20.00 per capita per annum for active members in the County Societies and $35.00 for active members of the Baltimore City Medical Society, with the following exceptions:

a. In the County Medical Societies the following rates shall prevail: for the first year in private practice the dues shall be $10.00 per annum; for the second year, $15.00; and the third year and thereafter, $20.00.

b. In the Baltimore City Medical Society the following rate shall prevail: for the first year in private practice the dues shall be $15.00 per capita per annum; for the second year, $25.00; and the third year and thereafter, $35.00.

c. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be $2.50.

d. The dues of a licensed physician in Maryland who holds an academic position on a full time salary basis, other than as a fellow or house officer, shall be $15.00 per annum during the first five years of his academic position.

Such per capita assessment is to be included in annual dues of the individual member as paid to his component society; and any member paying dues in each current year prior to ten days before the Annual Meeting is to be considered an active member. However, it is herein exacted that only active members, whose dues have been paid in advance, prior to January thirty-first, of each current year, will be eligible for the provision of Physicians' Defense.

Section 2. *Associate Members.* The annual dues for associate members shall be $15.00 per year, and shall be payable January 31, in advance, with the following exception: The Treasurer of the Baltimore City Dental Society shall pay to the Treasurer of the Medical and Chirurgical Faculty each year the sum of $3.00 as annual dues for each of its members who shall be designated as associate members. The Treasurer of the Baltimore City Dental Society shall also pay annually to the Medical and Chirurgical Faculty the sum of $50.00 for the purchase of dental books and journals.

Section 3. *Non-Resident Members* shall pay $5.00 dues per annum directly to the Treasurer and shall receive all notices and publications.

Amendments:

Section 1. *Active Members.*
Change: $20.00 to read $30.00
Change: $35.00 to read $45.00
Section 1. a. Change: $20.00 to read $30.00
Section 1. b. Change: $35.00 to read $45.00
Section 1. d. To be deleted
Section 1. (Last Paragraph)
Change: The words "assessment is" to read "DUES ARE"

Explanation: This recommendation is made at the request of the Council to meet necessary operating expenses. The Faculty has had to spread into new and larger offices,

additional help is needed and as is well known, wages have increased elsewhere. As our Treasurer has pointed out, "were it not for our loyal staff holding on, we would fold up." The Medical and Chirurgical Faculty of Maryland should have a much broader economic base on which to build.

CHAPTER IV—House of Delegates

Section 2.

Twenty members IN ATTENDANCE, of the House of Delegates, shall constitute a *quorum*.

CHAPTER VII—The Council

Section 6.

(c) The Council shall not undertake the defense of any suit based upon an act committed before the date of qualification of the accused as a member of this Faculty. Furthermore, no member shall be entitled to the privileges of defense by the Council whose dues to the Faculty are not paid in advance as elsewhere provided in the Constitution and By-Laws, and such defense shall be granted only to members residing in Maryland and not to non-resident, or associate, or affiliated members. New members of component societies elected after January 31, whose dues are paid on or before the day of their election, will be entitled to Physicians' Defense, but only for acts committed after their election.

Amendment:

Delete: ARE NOT PAID IN ADVANCE AS ELSEWHERE PROVIDED IN THE CONSTITUTION AND BY-LAWS,

Delete: OR AFFILIATE

Amended reading of

Section 6. (c)

The Council shall not undertake the defense of any suit based upon an act committed before the date of qualification of the accused as a member of this Faculty. Furthermore, no member shall be entitled to the privileges of defense by the Council whose dues to the Faculty HAVE NOT BEEN PAID IN ADVANCE PRIOR TO JANUARY 31st AS ELSEWHERE PROVIDED IN THE CONSTITUTION, FOR THE YEAR IN WHICH THE MALPRACTICE IS ALLEGED TO HAVE OCCURRED AND EACH SUBSEQUENT YEAR TO AND INCLUDING THE YEAR WHEN THE REQUEST IS MADE, and such defense shall be granted only to members residing in Maryland and not to non-resident or associate members. New members of component societies elected after January 31, whose dues are paid on or before the date of their election, will be entitled to Physicians' Defense, but only for acts committed after their election.

Explanation:

Chapter VII

Section 6

(c)

Due to problems presented in the case of malpractice suits, and the fact that the Attorney for the Faculty, Mr. G. C. A. Anderson, felt that the wording in our Constitution and By-Laws is not clear, this amendment to the By-Laws has been suggested.

The following has been pointed out by Mr. Anderson. The purpose of this amendment is to remove any ambiguity with reference to the payment of dues and right of Defense.

"the important year is not the year of the alleged malpractice but the year in which the claim is made."

"a Faculty member might be charged with an alleged malpractice which occurred during the year in which he paid his dues on or before January 31st, but no claim be made upon him until the next year, when the member has not paid his dues on or before January 31st as required by the By-Laws. Such a member would *not* be entitled to a defense.

"It is logical that the year in which the claim is made be the decisive year, since it is of the utmost importance that when the defense is undertaken, the physician be a member of the Faculty. If the year in which the claim is made is not the decisive year, it would be possible for an alleged malpractice to occur in one year and the claim be made in another year when the doctor involved might no longer be a member of the Faculty. Under such circumstances, the Faculty would be called upon to defend a non-Faculty member."

It is certainly just as important that Faculty dues should be paid regularly and in time as it is to meet health and accident and life insurance premiums regularly and on time if protection benefits are to be expected.

CHAPTER VIII—Standing Committees

Section 1.

The standing committees which are to be elected by the House of Delegates, are as follows:

Committee on Scientific Work and Arrangements, Library Committee, Finney Fund Committee.

The standing committees, which are to be named by the President are:

A Nominating Committee, Resolutions Committee.

Standing Committees, organized as hereinafter provided are:

House Committee, Finance Committee, Professional Conduct Committee, Resolutions Committee.

Amended to read:

The standing committees which are to be elected by the House of Delegates, are as follows:

Committee on Scientific Work and Arrangements, Library Committee, Finney Fund Committee.

The standing committees, which are to be named by the President, ORGANIZED AS HEREINAFTER PROVIDED, ARE THE

Nominating Committee, Resolutions Committee, COMMITTEE ON CONSTITUTION AND BY-LAWS.

Standing Committees, organized as hereinafter provided are:

House Committee, Finance Committee, Professional Conduct Committee.

Explanation: The Council recommended that provision be made in the By-Laws for the Committee on Constitution and By-Laws.

CHAPTER VIII

Section 8. *Professional Conduct Committee.* This Committee shall consist of the five immediate Past Presidents of the

Medical and Chirurgical Faculty with the Senior Past President as Chairman of the Committee. The function of this Committee will be to hear legitimate grievances against members of the Society, examine the facts of the grievances and make recommendations as to their disposition to the Council of the Faculty.

Section 9. *Resolutions Committee.* The Resolutions Committee shall consist of five members to be appointed annually by the President of the Medical and Chirurgical Faculty, who shall also designate the Chairman of the Resolutions Committee. This Committee shall be chosen from the House of Delegates, and shall be appointed at least 30 days before the Annual Meeting of the House of Delegates.

Amendment:

Section 8.

Insert: after "Medical and Chirurgical Faculty" AND THE CHAIRMAN OF THE COUNCIL

Explanation: Section 8.

This was inadvertently omitted when this Section of the Constitution and By-Laws was written.

Amendment:

SECTION 10. *CONSTITUTION AND BY-LAWS COMMITTEE.* THE COMMITTEE ON CONSTITUTION AND BY-LAWS SHALL CONSIST OF FOUR MEMBERS TO BE APPOINTED BY THE PRESIDENT OF THE MEDICAL AND CHIRURGICAL FACULTY WHO SHALL ALSO DESIGNATE THE CHAIRMAN OF THIS COMMITTEE. IT SHALL BE THE DUTY OF THIS COMMITTEE TO REVIEW ALL REQUESTED CHANGES IN THE CONSTITUTION AND BY-LAWS AND MAKE RECOMMENDATIONS AS TO AMENDMENTS IN THE CONSTITUTION AND BY-LAWS TO THE COUNCIL AND HOUSE OF DELEGATES, BUT FINAL ACTION MAY BE TAKEN ON SUCH AMENDMENTS AS ELSEWHERE PROVIDED IN THE CONSTITUTION AND BY-LAWS.

Explanation: Section 10.

This amendment was recommended by the Council as it was the feeling that in these changing times, the Committee on Constitution and By-Laws should be provided for in this manner.

CHAPTER IX—Component Societies

Section 9.—*Assessments.*—The Secretary of each component society shall forward its per capita assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county to the Secretary of this Faculty each year ten days before the Annual Session. Active members who shall have paid their dues on or before January 31st of any year shall be entitled to defense against alleged malpractice suits, as provided for in Chapter 7, Section 6, of the By-Laws, but only for acts alleged to have been committed during a fiscal year paid for in advance. The fiscal year of the Faculty shall be coincident with the calendar year. Members of component societies who have not paid their dues ten days prior to the Annual Meeting, shall be suspended from the Faculty without further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty, but such reinstatement cannot be made until after the Annual Meeting. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid.

Amend to read:

The Secretary of each component society shall forward its per capita assessment, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county to the Secretary of this Faculty each year ten days before the Annual Session. Active members who shall have paid their dues IN ADVANCE on or before January 31st FOR THE YEAR IN WHICH THE MALPRACTICE IS ALLEGED TO HAVE OCCURRED AND EACH SUBSEQUENT YEAR TO AND INCLUDING THE YEAR WHEN THE REQUEST IS MADE AS PROVIDED ELSEWHERE IN THIS CONSTITUTION, Chapter 7, Section 6 of the By-Laws, SHALL BE ENTITLED TO DEFENSE AGAINST ALLEGED MALPRACTICE SUITS, but only for acts alleged to have been committed during a fiscal year paid for in advance.

(Remainder of Section 9 is unchanged.)

Explanation:

Same as explanation to Chapter VII, Section 6 (c) on Pages 6 and 7.

This following amendment was not mailed to the members

BY-LAWS

(Amendment appears in CAPITAL LETTERS)

CHAPTER I—Membership

Section 4. *Emeritus Members.* An Active Member in good standing may, on the recommendation of the Council, and a majority vote of the House of Delegates, be made an Emeritus Member, enjoying without payment of dues all the privileges of the Faculty, except of holding office and of the provisions of Physicians' Defense.

Amendments:

Delete: (and of the provisions of Physicians' Defense)

Insert: HE SHALL NOT BE ELIGIBLE FOR PHYSICIANS' DEFENSE FOR ALLEGED MALPRACTICE OCCURRING AFTER BECOMING AN EMERITUS MEMBER.

Explanation: Mr. G. C. A. Anderson, attorney for the Medical and Chirurgical Faculty, has recommended this amendment to conform with the change in reference to Physicians' Defense.

The Committee wishes to thank Mr. Kirkman and the Office Staff for their assistance in compiling this report.

Respectfully submitted,

A. Austin Pearre, *Chairman*

E. Cowles Andrus

Donald Hooker

W. Houston Toulson

Committee on the Constitution and By-Laws

EUGENE FAUNTLEROY CORDELL FUND COMMITTEE

Mr. President and Members of the House of Delegates:

The one beneficiary, a granddaughter of a physician, is hospitalized. From the Fund, at the request of the hospital, some clothing which was needed by the patient, has been purchased. The income for the year was $323.56, and the cash on hand as of December 31, 1952, is $4,871.30.

Respectfully submitted,
T. NELSON CAREY, M.D., *Chairman*
JAMES K. GRAY, M.D.
WILLIAM L. HOWARD, M.D.
FRANK F. LUSBY, M.D.
GEORGE ALLEN MOULTON, JR., M.D.

DIABETIC DETECTION COMMITTEE

Mr. President and Members of the House of Delegates:

The Committee undertook a new attack on the problem of Diabetes Detection during the year 1952. Efforts were directed entirely along educational lines such as radio and television programs for the layman. At the same time, but with special emphasis during Diabetes Week in November, efforts were made to get the general population to consult a physician of choice to determine whether or not they had diabetes. No real estimate can ever be very accurately made of the number of people who were aroused by this appeal.

The real objective of this Committee is to keep the profession alert to the possibility of diabetes. This, no doubt, is best accomplished by concerted effort during the week designated nationally as Diabetes Week. If all physicians during this week would conduct a urine screening test free of charge for diabetes, a great service would be accomplished. There are probably about 1,000,000 people in the United States who have diabetes and are unaware of it. It is the duty of the medical profession to find these cases.

Respectfully submitted,
J. SHELDON EASTLAND, M.D., *Chairman*
E. IRVING BAUMGARTNER, M.D.
T. NELSON CAREY, M.D.
JAMES D. CARR, M.D.
J. WILFRID DAVIS, M.D.
PERRY FUTTERMAN, M.D.
FRANK J. GERAGHTY, M.D.
DAVID J. GILMORE, M.D.
LEWIS P. GUNDRY, M.D.
J. ROY GUYTHER, M.D.
JOHN H. HORNBAKER, M.D.
BENJAMIN F. JONES, M.D.
CHARLES F. O'DONNELL, M.D.
HAROLD PLUMMER, M.D.
J. EMMETT QUEEN, M.D.
GEORGE G. SCHLESINGER, M.D.
FRANK M. SHIPLEY, M.D.
A. A. SILVER, M.D.
BENEDICT SKITARELIC, M.D.
LESTER A. WALL, JR., M.D.

GERIATRICS COMMITTEE

Mr. President and Members of the House of Delegates:

I wish to submit a brief report on the activities of the Committee on Geriatrics of the Medical and Chirurgical Faculty of the State of Maryland.

Our Committee did not begin to function until the early Fall and even then, it found itself handicapped because of the distance some of the members had to travel in order to come to a meeting. Another handicap which may or may not be remedied for the coming year, is the lack of a designated budget for the Committee.

It was thought that because at least two of the members of the Medical and Chirurgical Faculty of the Committee on Geriatrics were likewise members of a similar Committee of the Baltimore City Medical Society and because the Chairman of the Medical and Chirurgical Faculty Committee was also Chairman of the Baltimore Medical Society Committee, that matters may be facilitated to have joint meetings and to work out joint activities.

To date, your Committee wishes to report that on December 9, 1952, a panel discussion on the problems of the aging and the aged has been held at the Central Pratt Library in the City of Baltimore jointly with the Baltimore City Medical Society Committee. The participants were: Judge J. S. T. Waxter, Director of the Department of Public Welfare of the city of Baltimore, Dr. Louis Krause, Professor of Medicine at the University of Maryland, Joseph Folkoff, Executive Director of Levindale which is the Hebrew Home of the Aged and the Infirm.

At the same time, the Library granted us one of their windows for the display of material bearing upon the activities and progress of Geriatrics in this county.

Jointly with the Baltimore City Medical Society's Committee, plans have been completed for two projects:

1) A Bookmobile arrangement to display a substantial collection of books, journals, and monograms at various hospitals in the city of Baltimore and the counties throughout the State.
2) Clinical rounds on Geriatrics at the Home for Incurables of Baltimore, at Levindale which is the Hebrew Home for the aged and the infirm and at City hospitals.

Later on, these clinics will be extended to points in the counties throughout the State.

Respectfully submitted,
HERMAN SEIDEL, M.D., *Chairman*
THURSTON HARRISON, M.D.
LOUIS KRAUSE, M.D.
A. AUSTIN PEARRE, M.D.
WINTHROP M. PHELPS, M.D.
HOWARD K. RATHBUN, M.D.

COMMITTEE ON INDUSTRIAL HEALTH

Mr. President and Members of the House of Delegates:

The Committee on Industrial Health has not been as active during the past year as I would have liked. The chief aims of this committee have been (1), to stimulate interest of management and the physicians of the State in Industrial Health and (2), to supply to interested parties information concerning

industrial health. Unfortunately we have not been very successful in these respects. However, due to the excellent departments in Industrial Hygiene maintained by the City and State Departments of Health, no real difficulty has occurred. Moreover many of the insurance companies maintain adequate departments of safety engineering and it is quite likely that management has availed itself of these facilities.

Respectfully submitted,
NATHAN B. HERMAN, M.D., *Chairman*
ROBERT VAN LIEU CAMPBELL, M.D.
ROBERT F. CHENOWITH, M.D.
WALTER E. FLEISCHER, M.D.
WILLIAM L. GARLICK, M.D.
HUGH C. GILL, M.D.
W. R. HODGES, JR., M.D.
JOHN V. HOPKINS, M.D.
ROBERT H. RILEY, M.D.
BENJAMIN H. RUTHLEDGE, M.D.
LEROY W. SAUNDERS, M.D.
W. KENNEDY WALLER, M.D.
WILLIAM F. WILLIAMS, M.D.
HUNTINGTON WILLIAMS, M.D.

LEGISLATIVE COMMITTEE

Mr. President and Members of the House of Delegates:

In the 1953 session of the General Assembly of Maryland, a total of approximately 1500 Bills were introduced and about 1480 were closely inspected for medical implication.

In past years, this Society has been fortunate in having the services of an experienced Legislative Agent in the person of Mr. J. Davis Donovan, but since he was not available to us this year, and since we did not learn of this until after the start of the session, this work fell on our Director, Mr. Kirkman. Much of the legislation was of the type that did not require direct action, but did require observation. Since Mr. Kirkman has already a full-time job in his regular work as Director and, since the work at the Legislature is of utmost importance, it is highly important that the Society begin at once to look for the services of a Legislative Agent for the next full session.

The following Bills required our direct action at this session:

(*1*) *Senate Bill No. 41*

This Bill defines the persons who may give permission for autopsies. Such definition had never been legally made before. We were in favor of this Bill and it was passed without opposition.

(*2*) *Senate Bill No. 137*

This Bill would license Naturopaths to practice medicine. A hearing was conducted before the Judicial Proceedings Committee and representatives of the Society and the Medical Schools appeared with us in opposition to the Bill. Although it looked for a while that the Committee might be sympathetic toward the Bill, the Bill received an unfavorable and hold report and so died in Committee.

Because it was the feeling of some of the Legislators that the Naturopaths should have regulatory legislation in view of the fact that some were already practicing in Maryland, the Committee recommends that the Society go on record as approving taking steps to ascertain whether or not they are in fact practicing medicine and, if so, the matter be referred to the Board of Medical Examiners for action.

(*3*) *Senate Bill No. 171*

This Bill would remove from the present law the restriction on Optometrists prescribing glasses for near-sighted children. This Bill passed the Senate over our opposition and got a favorable report from the House Judiciary Committee, but failed to pass for lack of a Constitutional majority. If this subject comes up again before the Legislature, more vigorous steps must be taken to oppose it by the physicians who would be directly effected.

(*4*) *Senate Bill No. 180*

This Bill would change the Constitution of the Board of Examiners of the Physical Therapists from the present Board of five physicians to a Board composed of three physicians and three physical therapists. Because of the split in the organizations of the Physical Therapists, this Bill was opposed by the Medical Society. This received a favorable report and passed the Senate but following a hearing before the House Judiciary Committee, an unfavorable and hold report was made so this Bill died in Committee in the House.

(*5*) *Senate Bill No. 185*

This Bill raised the educational requirements for the practice of Chiropractic in Maryland. Since this Bill did not involve medical practice in any way, the Society did not oppose it and it passed both Houses.

(*6*) *House Bill No. 312*

This Bill defined more specifically the practice of Chiropody, but did not essentially change the practice of Chiropody. This Bill was submitted to the Society prior to its introduction and the Faculty decided not to oppose it. The Bill passed both Houses.

(*7*) *House Bill No. 898*

This Bill would abolish the Medical Board of the State Industrial Accident Commission, and have such cases as it formerly decided heard before the Commission, the same as other accident cases. This Bill was opposed by the Society but was never reported out of Committee because of its late introduction.

The Committee wishes to express its deep gratitude to Mr. Kirkman for his efficient work with the Legislative Committee.

The recommendations stated above concerning the em-

ployment of a Legislative Agent for the long session of the Legislature is repeated to emphasize this.

Respectfully submitted,
KARL F. MECH, M.D., *Chairman*
FREDERIC V. BEITLER, M.D.
THOMAS A. CHRISTENSEN, M.D.
GEORGE O. EATON, M.D.
RAYMOND F. HELFRICH, M.D.
NORBERT C. NITSCH, M.D.
WILLARD S. PARSONS, M.D.
DANIEL J. PESSAGNO, M.D.
J. G. F. SMITH, M.D.
JAMES E. STONER, JR., M.D.
GEORGE E. URBAN, M.D.
I. M. ZIMMERMAN, M.D. (deceased)

MATERNAL AND CHILD WELFARE COMMITTEE

Mr. President and Members of the House of Delegates:

This report is again in two parts, the first dealing with maternal health and the second with the welfare of the newborn. During the year Dr. D. C. Wharton Smith felt compelled to resign, both as Vice-Chairman in charge of the pediatric section and from the committee itself. It was with real regret that the chairman felt compelled to accept this resignation and to forward it to the President of the Faculty. Dr. Smith has served long and faithfully on this committee and every man, woman and child in the state owes him a vote of thanks for his guidance and his untiring efforts. Upon recommendation, Dr. J. Edmund Bradley was appointed Vice-chairman to succeed Dr. Smith.

Your committee reports that during the year there were 27 maternal deaths, by residence, in the counties of Maryland exclusive of Baltimore City. Of these 8 were white and 19 negro. The rates for these 2 classifications per 1000 live births is 0.6 and 1.8 respectively. Again we find the rate among negro mothers many times higher than among white. The combined rate is 0.8 per 1000 live births, a rate which compares most favorably with most of the states.

In addition to these 27 *maternal* deaths, there were 7 deaths from non-maternal causes but associated with pregnancy. For example, in 3 of these 7 the cause of death was stated to be rupture of a cerebral aneurysm. Therefore the total of deaths associated with pregnancy was 34 or a rate of 1.0 per thousand live births.

Of the 27 maternal deaths only 20 could be reviewed by the committee; in the remainder the survey form was not returned. Of the 20 which were reviewed, 14 or 70% were considered preventable, or deaths which should not have occurred. In some instances the physician was considered to be at fault, in others it was the patient and in a few a combination of physician and patient.

Hemorrhage occupies first place as the cause of death, there being 14 cases from this complication. Second we find toxemia with 3 deaths only and third infection, which was the cause only twice during the year. The remaining 10 were classed under the general heading miscellaneous. In looking at this miscellaneous group it is found that there are 5 deaths ascribed to embolism. Unfortunately all of these were not substantiated by autopsy.

In looking over maternal deaths from previous years it was found that for the past 7 years hemorrhage has consistently been responsible for between 39% and 50% of all maternal deaths. Your committee has annually made a plea for more blood for replacement in the counties and we are happy to report that despite the large percentage of deaths from hemorrhage in 1952, this was the first year in which there was no death considered preventable on the basis of inadequate blood replacement. It would appear that the majority of the hospitals in the counties now have reasonably adequate facilities for this form of therapy.

As mentioned before, in 7 of the 27 maternal deaths during the year the attending physician failed to complete and return the survey form which is necessary to evaluate the death. While this seems at first glance to be a high percentage of failure, the actual number of physicians involved is small, only 3 to be exact. We regret to report that most of these 3 are chronic offenders in this regard.

On the other hand the committee wishes to express its thanks to those who have cooperated so well and have rendered such complete reports. It is most gratifying to report that of the 27 deaths, over 54% were submitted to autopsy. In 1948 the autopsy percentage was only 14.7 and it has increased each year since that time.

Your committee requests assistance from the physicians of the state in one respect. The committee is anxious to review all deaths of women who are or who recently have been pregnant, even though the death is evidently non-maternal. Since our only source of information is the death certificate it is urged that the physicians be requested to note on this document the fact that the patient was pregnant or had recently delivered.

PEDIATRIC SECTION OF THE COMMITTEE ON MATERNAL AND CHILD WELFARE

Since prematurity is still the major cause of infant mortality, the Pediatric Section continued to study premature infant deaths during 1952. Preliminary figures for 1952 show a total of 1,687 infant deaths in the State with 707 premature infant deaths. Thus, approximately, 41.9% of infant deaths were due to prematurity. 997 infants died in the county during 1952, and of these, 406 were premature infant deaths. 44 case reports were studied. The main causes of death, exclusive of extreme immaturity, were infection and aspiration of vomitus (often due to improper feeding). The quality of care being given to premature infants is generally excellent and has shown marked improvement over the years. The autopsy percentage was excellent, 14 out of 44 cases being autopsied.

The infant mortality rate in 1952 was 29.4%. In 1951, it was 28.9% and in 1950, 28.2%. There appears to be a slight but steady rise which your committee cannot explain. The second highest cause of mortality is congenital malformation (250) and the third is injury at birth (108). There continues to be a marked difference in death rate between white (25.1) and colored (45.6). A large factor in this is probably the lack of hospital facilities for colored obstetrical and pediatric patients.

The committee considers that an important part of its work is educational. Under its auspices, the brochure "Suggested Guide for the Care of Premature Infants" was revised

in 1952 and distributed to the physicians of the State. The committee served as advisers to the Maryland State Department of Health in drawing up "Regulations for Newborn Nurseries, Full Term and Premature," and "Appendix to Regulations for Newborn Nurseries, Full Term and Premature." These were completed in November 1952 and are incorporated in Regulations for Hospitals under the Maryland Licensing Law.

The Premature Infant Study by the Division of Maternal and Child Health of the School of Hygiene and Public Health of the Johns Hopkins University was completed on December 31, 1952. Over 4,000 premature infants have been included. The cooperation of the Hospitals, physicians and Health Department has been excellent. It was reported by the director of the study that they might continue the study of premature infants born at home for an additional year. In regards to this proposed additional phase of the study, the following resolution was passed unanimously, "The Pediatric Section of the Committee on Maternal and Child Health of the Medical and Chirurgical Faculty of Maryland believes that the study of premature infants under the auspices of the Johns Hopkins School of Hygiene and Public Health is extremely important in bringing out information of interest to this Section in discharging its duties given it by the Medical and Chirurgical Faculty. The Pediatric Section urges the physicians to continue their fine cooperation in this study."

The Pediatric Section continues to serve as the Maryland Committee on Fetus and Newborn of the American Academy of Pediatrics. Early in the year, a preliminary draft of the pamphlet "Regulations for Standards for Newborn Nurseries, Full Term and Premature" was submitted to the Maryland Committee for review by the Academy. A number of changes suggested by our Section were incorporated in the final form which was completed in late 1952.

The question regarding the rational use of the Bloxsom airlock has been raised repeatedly by committee members. It is the feeling of the committee that there is no justification of the use of the airlock in those infants who are making good respiratory efforts.

It was with regret that the members of the Pediatric Section received word of the resignation of Dr. D. C. Wharton Smith as its Chairman. The Section is indebted to him for his capable and inspiring leadership throughout the six years since its creation. During this period, the Committee's efforts were directed toward improving the care of premature infants, and it is felt that the quality of care given has increased considerably. The Section wishes to extend its congratulations to the physicians in the counties. It is now felt that the Committee can enlarge the scope of its study to include other causes of neonatal mortality.

Respectfully submitted,
LOUIS H. DOUGLASS, M.D., *Chairman*
J. EDMUND BRADLEY, M.D.
GEORGE W. ANDERSON, M.D.
J. TYLER BAKER, M.D.
JOHN McF. BERGLAND, M.D.
ANNIE M. BESTEBREUERTJE, M.D.
HARRY D. BOWMAN, M.D.
THOMAS A. CHRISTENSEN, M.D.
STUART CHRISTHILF, JR., M.D.
GEORGE H. DAVIS, M.D.
DARIUS McC. DIXON, M.D.
NICHOLSON J. EASTMAN, M.D.
H. W. ELIASON, M.D.
A. H. FINKELSTEIN, M.D.
S. BUTLER GRIMES, M.D.
WILSON GRUBB, M.D.
RUSSELL L. GUEST, M.D.
I. R. HANSON, M.D.
VIRGINIA G. HARRIS, M.D.
PAUL HARPER, M.D.
JOHN S. HAUGHT, M.D.
W. ROYCE HODGES, JR., M.D.
WILLIAM K. MANSFIELD, M.D.
WILLIAM C. MORGAN, M.D.
J. MORRIS REESE, M.D.
JOHN E. SAVAGE, M.D.
ALEXANDER J. SCHAFFER, M.D.
FRANCIS F. SCHWENTKER, M.D.
WILLIAM C. STIFLER, JR., M.D.
BYRON D. WHITE, M.D.
JOHN WHITRIDGE, JR., M.D.

COMMITTEE ON MEDICAL RESEARCH

Negative.

R. WALTER GRAHAM, JR., M.D., *Chairman;* DRS. A. BLALOCK, A. M. CHESNEY, C. R. EDWARDS, W. M. FIROR, W. FORT, A. E. GOLDSTEIN, J. H. HORNBAKER, D. I. MACHT, L. A. RODEMAKER, W. A. VAN ORMER, T. E. WOODWARD, G. H. YEAGER, H. B. WYLIE, *ex officio.*

JOINT COMMITTEE WITH THE BAR ASSOCIATIONS ON MEDICO-LEGAL PROBLEMS

Mr. President and Members of the House of Delegates:

This Committee, which is comprised of members of the Medical and Chirurgical Faculty and the Bar Associations, has continued its activities since our last report, April 1952.

Two of the subcommittees have met on numerous occasions.

The Subcommittee on Court Procedure met to discuss their project which is a plan for a list of expert witnesses to be made available from which the Court may select physicians.

The Subcommittee on Symposia Management have arranged the following meetings to which were invited the legal and medical professions and the public, and these presentations have been the result of much preliminary work and many conferences:

1. Euthanasia. March 28, 1952. Participants: Mr. John S. Stanley, Dr. George Boas, Mr. Charles E. Orth, Jr., and Dr. Louis Krause.
2. Trauma and Its Relation to Disease. October 24, 1952. Participants: Mr. Paul F. Due, Dr. Russell F. Fisher, Mr. Joseph L. Lilienthal, Jr. and Dr. Eugene Meyer, III.
3. Medical and Legal Aspects of the Adoption Law. February 6, 1953. Participants: Judge Herman M.

Moser, Dr. Georgeanna Seegar Jones, Mr. Thomas J. S. Waxter, and Mr. G. C. A. Anderson.

It has been the feeling of the Committee that these meetings have been worthwhile as Osler Hall on each occasion has been comfortably filled. The objective of the Subcommittee on Symposia Management has been to select subjects for discussion that are of common interest to the two professions. The papers presented have been published in the Maryland State Medical Journal and therefore are available to all the members.

The efforts, time and work of the various members of the Committee is greatly appreciated since it must be a sacrifice in the ordinary fully occupied day of everyone.

Respectfully submitted,
LOUIS KRAUSE, M.D., *Chairman*
CONRAD ACTON, M.D.
LEO BRADY, M.D.
RUSSELL S. FISHER, M.D.
MANFRED S. GUTTMACHER, M.D.
CHARLES A. REIFSCHNEIDER, M.D.
R. CARMICHAEL TILGHMAN, M.D.
I. RIDGEWAY TRIMBLE, M.D.
HENRY F. ULLRICH, M.D.
THOMAS CONRAD WOLFF, M.D.

MEMOIR COMMITTEE

Mr. President and Members of the Medical and Chirurgical Faculty:

The Memoir Committee has the annual honor to recall to the minds of the Society those members who have gone before us into their well earned rest and reward. The past year has marked grievous losses.

Gynecology has said farewell to the last of The Hopkins Big Four; Surgery has suffered loss in the Industrial and in the Plastic field; Teachers and trusted consultants have left us in Otorhinolaryngology, and Anesthesiology has lost a sure hand; a veteran voice is not heard in the State Department of Health and many familiar figures, long faithful supporters of the work of the Society in quiet ways are seen no longer.

The continuance into this Atomic Age of our quaint title of the Medical and Chirurgical Faculty is enough to show that we are mindful and not ungrateful for the mold of the past in which have germinated the seeds of the future, which it is our brief privilege to cultivate and bring a step farther toward fruition, in this Garden no longer Eden and not yet Paradise. We will recognize among these names, some who were our teachers, who put tools in our hands, some to whom we looked for leading in our work, some who hoed a long row ahead of us and some, alas, whose work was snatched too quickly from their hands for much of fame or satisfaction.

Let us think for a moment fondly of them and of their families, whose notes in our file acknowledge the messages of condolence sent, thru the year, in your name, by your faithful and watchful staff. These brief and pathetic notes give ample testimony that in an intimate and special way these losses can never be replaced—without whom the world is a poor place indeed, but for the warmth and light their memory sheds on the remaining days.

And, if time and Creative energy have not sufficed to bring much substance to the dreams of Youth or Age, let us have faith to believe that their best efforts and ours are never lost, but are part of an organic and continuing purpose, whose power gives meaning and blessing to each life of service we here commemorate.

Baltimore City

Ballard, Edwin Kemp ..... October 14, 1952
Bampfield, F. J. ..... September 20, 1952
Billups, Gaius W. ..... December 26, 1952
Cannon, Burdelle S. ..... June 11, 1952
Carman, R. Perry ..... February 3, 1952
Cullen, Thomas S. ..... March 4, 1953
Fine, Morris A. ..... June 4, 1952
Fleck, H. K. ..... January 3, 1952
Franklin, David ..... May 1, 1952
Hanrahan, Edward M. ..... September 30, 1952
Holly, Julius David ..... October 9, 1952
Janney, Francis W. ..... February 1, 1953
Keown, Thomas W. ..... June 28, 1952
Locher, Roy W. ..... January 3, 1953
Looper, Edward A. ..... January 14, 1953
Michelson, Rudolph A. ..... August 20, 1952
Moncure, Turner A. ..... April 23, 1952
Rohrer, Caleb W. G. ..... July 23, 1952
Rytina, Anthony G. ..... September 13, 1952
Stevens, Thomas F. A. ..... July 26, 1952
Weisman, Samuel ..... September 25, 1952

Allegany-Garrett County

Hawkins, A. H., *Cumberland* ..... June 9, 1952
Matthai, Jacob H., *Cumberland* ..... September 29, 1952
Taylor, E. Don, *Lonaconing* ..... February 10, 1953

Anne Arundel County

Claffy, John M., *Annapolis* ..... July 26, 1952

Baltimore County

Glantz, Frank A., *Baltimore* ..... August 31, 1952
Green, John S., Jr., *Towson* ..... May 26, 1952
Gundry, Alfred T., *Catonsville* ..... June 6, 1952
McCormick, G. Carville, *Florida* ..... April 21, 1952

Caroline County

Wright, James F., *Denton* ..... June 24, 1952

Dorchester County

Brown, Hugh, *Cambridge* ..... February 11, 1952

Harford County

Van Bibber, Armfield F., *Bel Air* ..... January 16, 1953

Prince George's County

Norton, Wiliam H., *Mt. Rainier* ..... February 28, 1952

Washington County

Yeager, W. H., *Hagerstown* ..... July 19, 1952
Zimmerman, I. M., *Williamsport* ..... March 17, 1953

Nonresident

Corbett, William W., *California*.....February 25, 1953
Holmes, James B., *Florida*.....March 5, 1952

Respectfully submitted,
A. S. Chalfant, M.D., *Chairman, Baltimore*
Harry D. Bowman, M.D., *Hagerstown*
Lynn H. Brumback, M.D., *Hagerstown*
F. A. Camalier, M.D., *Leonardtown*
W. N. Palmer, M.D., *Easton*

MENTAL HYGIENE COMMITTEE

Negative.

Harry M. Murdock, M.D., *Chairman;* Drs. D. M. Bullard, R. E. Gardner, K. B. Jones, W. S. Muncie, H. W. Newell, I. J. Spear, R. P. Truitt.

COMMITTEE ON NATIONAL EMERGENCY MEDICAL SERVICE

Mr. President and Members of the House of Delegates:

Program for Medical Civil Defense activities for the coming year:

1. Prompt assignment of all professional volunteers to appropriate Civil Defense units, to be followed by a campaign to include all members of local and State professional societies.

2. Responsibility for enrollment of volunteers to be placed on individual units, with the objective of bringing all units to operational status. Units to continue their own training.

3. The Chief of Medical Services to convene meetings of Medical Directors in each of the metropolitan areas, to coordinate mutual aid.

4. After casualty clearing stations have received their equipment, to hold a series of demonstrations and rehearsals designed to familiarize them with their duties and to acquaint communities and other Civil Defense services with the capabilities and limitations of the stations.

5. As assignments are made to Hospitals and Community Clinics, their staffs to hold conferences and draw up plans for their individual facilities.

6. To complete and implement a State Blood Program.

Respectfully submitted,
Robert H. Riley, M.D., *Chairman*
J. Albert Chatard, M.D.
Alan M. Chesney, M.D.
C. Reid Edwards, M.D.
Charles W. Maxson, M.D.
Walter D. Wise, M.D.
George H. Yeager, M.D.
Mr. George Buck
Mr. Walter N. Kirkman

NEW BUILDING COMMITTEE

Mr. President and Members of the House of Delegates:

The name of the Committee has been changed from the Sesquicentennial Committee to the New Building Committee. Dr. Goldstein's report, which follows, covers the present activities in relation to the future annex of the Medical and Chirurgical Faculty.

Respectfully submitted,
C. Reid Edwards, M.D., *General Chairman*
Albert E. Goldstein, M.D., *Chairman, Finance Committee*
John W. Parsons, M.D., *Treasurer, Finance Committee*
R. Walter Graham, Jr., M.D., *Chairman, Building Plans*
Harry C. Hull, M.D.
I. R. Trimble, M.D.

SUBCOMMITTEE ON FINANCE, NEW BUILDING COMMITTEE

Mr. President and Members of the House of Delegates:

In reporting on the Building Fund, the committee is at a standstill at the present time. At a recent meeting of the committee it was unanimously suggested that since a large percentage of physicians in the city have failed to recognize their obligation to the society, that it might be better to assess each physician a small sum of money, say fifteen dollars, over a period of ten years. This assessment should include the county as well as the city physicians. This was presented before the Council who recommended that we continue our campaign as before, until it is presented before the entire House of Delegates.

While the Building Fund Committee does not object to continue the campaign as it has in the past, we look upon it as more equitable if all members will participate. The appeal we make is that something drastic is necessary since the conditions in the library are continually becoming worse rather than better. Unless some effort is made by the members, we stand to lose a great deal.

Up to the present time 571 physicians in the city have pledged in varying amounts and 54 physicians in the counties have pledged an amount of $6,395.00, making a total number of 625 physicians in the state pledging $73,500.00 of which $64,193.81 has been paid and deposited in the bank.

The Committee shall continue its efforts as it has been and we hope that each and every physician will take a personal pride in the campaign and contribute his share or whatever he feels able to do.

Respectfully submitted,
Albert E. Goldstein, M.D., *Chairman*

W. B. Allan, M.D.	B. C. Compton, M.D.
J. G. Arnold, Jr., M.D.	L. C. Dobihal, M.D.
J. A. Askin, M.D.	L. H. Douglass, M.D.
W. A. Baetjer, M.D.	M. Edwards, M.D.
A. Bernstein, M.D.	W. R. Ferguson, M.D.
C. B. Brack, M.D.	J. M. T. Finney, Jr., M.D.
L. Brady, M.D.	W. Fort, M.D.
O. C. Brantigan, M.D.	F. J. Geraghty, M.D.
H. A. Briele, M.D.	T. K. Galvin, M.D.
W. H. Brown, M.D.	M. E. Gann, M.D.
E. N. Broyles, M.D.	R. W. Garis, M.D.
F. E. Chatard, IV, M.D.	L. P. Gundry, M.D.

L. P. Hamburger, Sr., M.D.
H. H. Hopkins, M.D.
H. C. Hall, M.D.
J. M. Hundley, Jr., M.D.
P. C. Jett, M.D.
H. J. Jewett, M.D.
M. P. Johnson, M.D.
J. T. King, M.D.
E. P. Knotts, M.D.
L. A. Kochman, M.D.
A. R. Koontz, M.D.
E. F. Lewison, M.D.
E. T. Lisansky, M.D.
H. I. Maginnis, M.D.
W. K. Mansfield, M.D.
E. E. Mayer, M.D.
K. F. Mech, M.D.
W. B. Moyers, M.D.
W. R. McKenzie, M.D.
S. McLanahan, M.D.
E. Novak, M.D.
F. J. Otenasek, M.D.
D. J. Pessagno, M.D.
E. L. Richards, M.D.
H. M. Robinson, Jr., M.D.
F. B. Smith, M.D.
H. C. Smith, M.D.
R. W. TeLinde, M.D.
E. P. Thomas, M.D.
R. K. Thompson, M.D.
W. H. Toulson, M.D.
I. R. Trimble, M.D.
H. F. Ullrich, M.D.
G. E. Ward, M.D.
L. R. Wharton, M.D.
W. L. Winkenwerder, M.D.
W. D. Wise, M.D.
H. Wollenweber, M.D.
A. H. Wood, M.D.
J. D. Woodruff, M.D.
A. C. Woods, M.D.
I. S. Zinberg, M.D.

SUBCOMMITTEE ON BUILDING PLANS, NEW BUILDING COMMITTEE

Negative.

R. Walter Graham, Jr., M.D., *Chairman*

COMMITTEE FOR THE STUDY OF PELVIC CANCER

Mr. President and Members of the House of Delegates:

Fifteen hospitals in Baltimore City are now cooperating with the Committee for the Study of Pelvic Cancer in its review of pelvic cancer cases. Four hospitals, not previously participating, have joined in the study this year—Franklin Square, Maryland General, Mercy and St. Joseph's.

As of March 15th, 1953, three hundred and fifty-four cases have been reviewed and classified according to the delay period between the time of onset of symptoms and the time of correct diagnosis and adequate treatment. We have considered elapsed time of more than one month as delay. The cases have been classified as follows:

No delay	123	34.7%	
Patient delay	148	41.8%	
Physician delay	34	9.6%	
Patient and physician delay	15	4.2%	
Institutional delay	12	3.4%	
Physician and institutional delay	2	.6%	19.8%
Patient and institutional delay	6	1.7%	
Patient, physician and institutional delay	1	.3%	
Asymptomatic detected cases	13	3.7%	

A meeting of the Committee is held on the third Thursday of each month. At this time selected cases are presented for discussion. All doctors concerned in the treatment of the cases are invited to attend the meetings, and their response has been good. The general attendance has been disappointing. We feel the meetings are worthwhile and should be of interest to all gynecologists, and particularly to the resident staff of the participating hospitals.

Respectfully submitted,
Richard W. TeLinde, M.D., *Chairman*
J. Mason Hundley, Jr., M.D.
Beverley C. Compton, M.D.
C. Bernard Brack, M.D.
Robert N. Cooley, M.D.
Charles N. Davidson, M.D.
Everett S. Diggs, M.D.
Howard W. Jones, Jr., M.D.
Theodore Kardash, M.D.
Emil Novak, M.D.
Mark V. Ziegler, M.D.

PHYSIOTHERAPY COMMITTEE

Mr. President and Members of the House of Delegates:

The Physiotherapy Committee has been active through its chairman in the State physiotherapy problems.

It appears that the foundation for good physiotherapy in this state is being established and during the years to come, physiotherapy should reach a very desirable level.

A meeting of this committee was attempted at the last annual meeting of the Medical and Chirurgical Faculty, but too many of the members were not able to come. Another meeting will be attempted this year.

Respectfully submitted,
W. Richard Ferguson, M.D., *Chairman*
Moses Gellman, M.D.
H. Alvan Jones, M.D.
Howard F. Kinnamon, M.D.
C. Arthur Rossberg, M.D.
Allen F. Voshell, M.D.

POSTGRADUATE EDUCATIONAL COMMITTEE

Mr. President and Members of the House of Delegates:

The Postgraduate education of physicians is properly divided into two categories. In the first place, there is the in-hospital or residency training of physicians immediately after their graduation from medical school. Secondly, there is the area of continuing education for physicians who have completed their training and who are actively engaged in the practice of medicine or one of its specialties. The committee has felt that it is this latter subdivision of postgraduate education which is of present and immediate concern to the Medical and Chirurgical Faculty of Maryland. The committee realizes, however, that there may come a time in the foreseeable future when it shall become necessary for the Medical and Chirurgical Faculty to concern itself with problems related to the residency training program. Difficulties will arise in this subdivision of postgraduate medical education, particularly as medical insurance plans increase their scope and charity patients of the type currently available for teaching purposes become more scarce.

It is of interest to review the opportunities for continuing medical education now available to practicing physicians. The regular reading of the excellent medical journals which are available today constitutes one important means. The present circulation of the Journal of the American Medical Association exceeds 150,000 copies weekly. While it cannot be assumed that every subscriber reads his journal, it can be said that regular utilization of the material in the journal constitutes one method, and a superb one, of continuing education. The circulations of the specialty journals do not compare with that of the Journal of the American Medical Association but all of these are available in nearly every hospital throughout the state. For those who do not have access to hospital or university libraries, the Medical and Chirurgical Faculty possesses one of the most complete collections in the world.

Meetings of hospital staffs, of county and state societies and of all national groups afford a second means of continuing medical education. In the State of Maryland, there are two regular meetings of the Medical and Chirurgical Faculty each year and a program of educational importance is presented. There is considerable variation from county to county with regard to the educational program of the local society but it should be pointed out that the Medical and Chirurgical Faculty has a standing committee known as the Scientific Speakers Bureau which, upon request of local societies, furnishes qualified speakers from Baltimore. In some counties, there is no educational effort being made. In others, there is a good program. Attention should be called to one excellent attempt on the part of small county societies to compensate for lack of size: the physicians of Kent, Queen Anne's, Caroline, and Talbot counties formed a group, known as the Upper Eastern Shore Medical Society. This organization meets in each of the four counties each year, and conducts a worthwhile program. The Baltimore City Medical Society has recently revised its program and the larger attendance at the regular meetings would seem to indicate approval of the new and more general educational material of the program.

There has been much concern about hospital staff meetings. In some hospitals, particularly those with staff members who are University faculty members as well, the educational program is of high quality; in others, the program is poor. The frequency of meetings and the necessity for attending meetings at several hospitals tend to make these meetings a burden for some. The comment has also been made that those who need education the most are the ones who attend least.

The excellence of the educational programs of such large meetings as the Annual meetings of the American Medical Association, the Southern Medical Association and the American College of Physicians is well-known to all, but published attendance figures do not indicate that large numbers of Maryland physicians avail themselves of these opportunities.

A third method of continuing medical education is attendance at one of the regular, organized courses of postgraduate study or refresher courses which are offered under the auspices of many medical schools, many hospitals and a number of regional medical societies. According to a recent statement of the Council of Medical Education and Hospitals of the American Medical Association, there are more than 1800 different postgraduate programs. In Maryland, a regular postgraduate medical program has been offered by the University of Maryland and, more recently, the Academy of General Practice has entered this field. The Medical and Chirurgical Faculty has not, in recent times, organized or sponsored refresher courses or postgraduate assemblies other than its annual meetings. Due to the geographical position of Maryland, however, such courses are readily available in the District of Columbia, Philadelphia and New York.

Not to be overlooked is the role in continuing medical education played by the detail men and the publications of the large pharmaceutical companies. This activity is delivered willy-nilly right to the office of the physician. Some benefit is, no doubt, derived from this but, in all fairness, it must be pointed out that there is also considerable danger in that physicians may be encouraged to use new drugs or methods without proper understanding of their effects.

The committee believes that there is a considerable group of physicians in the state who regularly avail themselves of the educational opportunities mentioned. There is, however, a large group who do not. In this latter group, there are, no doubt, some who are prevented from taking advantage of the available opportunities because they cannot afford to financially or because their isolation makes it impossible for them to leave their practice. Others, however, have no good reason for not continuing their medical education but do not do so because of inertia or indifference.

It is the opinion of this committee that there are ample opportunities for continuing medical education available to Maryland physicians and that it is not necessary for the Medical and Chirurgical Faculty, at the present time, to sponsor or develop new opportunities. The committee believes, however, that the Medical and Chirurgical Faculty should consider the following two points:

1. The development of means which may make continuing education possible for those who cannot financially afford to attend courses or who cannot leave their practices to attend courses.

2. The development of a practical system which will require physicians to continue their medical education.

The importance of this last point scarcely needs stressing. All too often a physician continues to practice medicine at the level of the period in which he graduated from medical school. The public wants and deserves better. It has been suggested from time to time that periodic re-examination and registration of practicing physicians be introduced. There are many valid objections to such a plan and it does not seem practical at the present time. Competition among physicians would appear to produce the best result in elevating standards of practice. The committee believes that the encouragement of young, well-trained physicians to engage in practice all over the state should be the best means of stimulating the older physicians to keep up with the times, and in this activity the Medical and Chirurgical Faculty should participate.

There appears to be a need in Maryland for a better program to educate the physicians as to the program and activities of the State Health Department. Such a program should be undertaken by the Health Department itself and the committee recommends to the Medical and Chirurgical Faculty that this suggestion be made to the State Health Department.

Finally, this committee wonders if it would not be to the interest of all concerned to combine it with the Scientific

Speakers Bureau. It would seem that both committees should properly be working in the same area.

Respectfully submitted,
EDWARD S. STAFFORD, M.D., *Chairman*
JOHN McC. CULLER, M.D.
ROBERT E. FARBER, M.D.
GEORGE J. KREIS, M.D.
JAMES T. MARSH, M.D.
CLAUDE W. MITCHELL, M.D.
ROBERT B. SASSCER, M.D.
EDWARD J. SIMON, M.D.
ELIZABETH P. TREVETT, M.D.
LOUIS S. WELTY, M.D.
WALTER L. WINKENWERDER, M.D.

COMMITTEE ON PUBLIC INSTRUCTION

Mr. President and Members of the House of Delegates:

By far the most significant health measure in 1952 affecting the people of Baltimore and its surrounding counties—Baltimore, Howard and Anne Arundel—was the fluoridation of the Baltimore City water supply. The attainment of this goal was made possible after more than two years of careful study by the State and City Health Departments, and the State and local medical and dental societies with the assistance of the U. S. Public Health Service. The Medical and Chirurgical Faculty of Maryland gave its whole-hearted support to this program and much information of an educational nature was disseminated to the general public through the various channels of communication—newspapers, periodicals, radio and television. This general public understanding of the value of fluoridation aided immeasurably in promoting the plan to fluoridate the city water supply.

As in past years the fine support of the Medical and Chirurgical Faculty through its individual members contributed largely to the continuation of both weekly radio and television programs sponsored jointly with the City Health Department and radio station WFBR and WMAR-TV. Faculty members gave assistance as advisers in the planning of the program or participated as guest specialists in the program itself, the latter particularly for the television program. The television series which was inaugurated in December, 1948 completed its 209th presentation by the end of 1952. Studio survey ratings during the latter part of the year indicated a viewing audience at times as high as 125,000 persons in the Baltimore area alone, a rating which compares favorably with some popular shows in the entertainment field. It should also be mentioned that correspondence received from viewers indicates that the program is seen by residents in many other parts of the State as well as in adjoining areas. A noteworthy event in this field of public instruction through television was the honoring of "Your Family Doctor," the television series, with an Honorable Mention certificate by the Sixteenth American Exhibition of Educational Radio and Television Programs sponsored by the Institute for Education by Radio and Television at Ohio State University. The certificate reads in part as follows: "In recognition of outstanding educational value and distinguished television production."

The weekly radio series which has been broadcast since 1932 has since 1939 been presented in the form of health dramas. Prior to this time the program was a five minute health talk. While the radio station has not made as strong an effort to evaluate viewing interest as the television station, it can be stated that the radio programs have a popular appeal and serve very satisfactorily as a means of informing the public regarding health matters.

Another venture in health education in which members of the Faculty participated was the drive to inform the public of the importance of testing for diabetes; this was given emphasis especially during National Diabetes Week. In addition to announcements through the press and Health Department publications, and radio and television, assistance was given to the Southeastern Community Council of Baltimore City in the promotion of a combined diabetes and X-ray survey, the first of its kind to be held in Baltimore. Close to 900 persons were checked for both diabetes and tuberculosis. The tuberculosis survey was sponsored by the City Health Department with the assistance of the Maryland Tuberculosis Association and the diabetes tests were performed by volunteers from Sinai Hospital under the supervision of the Director of the Diabetes Clinic there. A house-to-house canvass carried out by the Southeastern Community Council notified residents of the value of these tests, and as in former years Faculty members participated and aided in the educational campaigns sponsored by voluntary health agencies.

The City Health Department contributed largely to public understanding of the problem of lead poisoning in children through the construction of an exhibit on this subject aimed particularly at medical practitioners and other health workers. The exhibit was placed on view at the annual meetings of the following three associations at their request: Southern Branch, American Public Health Association, Baltimore, April, 1952; American Medical Association, Chicago, June, 1952; and American Public Health Association, Cleveland, October, 1952. It is also gratifying to note that this exhibit received a Certificate of Merit award at the AMA meeting in Chicago.

It may be further stated that throughout the year, there was a continuing effort in public information activities on the part of the Committee and its members, through the work of State, County and City health departments and through their work jointly with the profession and directly or indirectly with the public. Records of this work may be found in the periodic health department reports, their regular publications and in their press releases. These reports are available in the respective health departments.

In conclusion, the Committee wishes to state also that it has taken advantage of available opportunities to present medical information to the physician and to the public through meetings and lectures and through the pages of the *Maryland State Medical Journal*.

Respectfully submitted,
HUNTINGTON WILLIAMS, M.D., *Chairman*
E. I. BAUMGARTNER, M.D.
PAGE C. JETT, M.D.
WILLIAM D. NOBLE, M.D.
ROBERT H. RILEY, M.D.
PETER P. RODMAN, M.D.
A. F. WHITSITT, M.D.
FRANK D. WORTHINGTON, M.D.

COMMITTEE TO CONSIDER THE RELATIONSHIP BETWEEN HOSPITALS AND SPECIALTIES AND THE MANNER OF PAYMENT FOR PROFESSIONAL SERVICES

Mr. President and Members of the House of Delegates:

No cases or matter for discussion has been referred to this Committee during the past year either by the Society, any individual or Hospital.

Respectfully submitted,
WEBSTER H. BROWN, M.D., *Chairman*
E. HOLLISTER DAVIS, M.D.
MERRELL L. STOUT, M.D.
HENRY L. WOLLENWEBER, M.D.

COMMITTEE ON RURAL MEDICINE

Mr. President and Members of the House of Delegates:

The Committee on Rural Medicine had one meeting during the past year, and at that meeting the following points were brought out:

1. In order to interest doctors in locating in rural communities, the junior class of the University of Maryland is being invited to accept preceptorships under rural physicians. We are awaiting notification from Dr. Wylie as to the time when it will be most convenient to discuss this with the junior class this year.

Qualifications outlined for preceptorships were as follows:

(1) Preceptorship must be approved by the local medical society.
(2) Financial arrangements must be a personal one between the student and the physician.
(3) This offer should be submitted to the University of Maryland, Georgetown, and Hopkins medical schools.

2. The Hill-Burton program is going along as fast as the projects can be certified.

3. The Rural Health Committee has been okayed to initiate the formation of Rural Health Councils so as to awaken the rural community to its civic responsibilities and the present trends in medicine, to serve as a nucleus for the various health campaigns, and to be advisory to the local health officer.

4. The prepaid health insurance in rural areas has lagged far behind that in the city largely because of lack of groups. This has been met in many communities through enrollment in Farm Bureau and Homemakers Clubs. However, we recommend that those holding savings accounts in any bank be considered a group and that the premiums be paid by order on the bank, because in rural communities there can be no payroll deduction plan for Blue Cross.

Discussion of the prepaid health insurance brought out the fact that the medical profession, while urging the public to purchase prepaid health and hospital insurance, has done nothing to protect the public from the unscrupulous insurance salesmen. This has resulted first in the public's becoming annoyed with the physician because they do not receive benefits, which loss of benefits is attributed by the agent to the fact that the doctor did not fill out the forms properly, and not to the fact that the patient was not entitled to benefits under that limited policy.

Secondly, the patients are buying mostly indemnity insurance. This is raising the possibility that either the doctor or hospital might not be paid, especially when the indemnity does not cover the cause of illness. It is, therefore, recommended that the House of Delegates initiate a study of prepayment insurance practices and offer some solution such as certification of certain policies as a means of remedying this.

5. This year we saw the initiation of a televised ward rounds and clinics at University Hospital, which makes it feasible in the near future to beam these over closed circuits to medical post-graduate courses in rural communities.

Your chairman visited the Rural Health Conference in Roanoke from February 26–28 and spoke on the Maryland Medical Care Plan. He also learned the definition for a committee, which he would like to pass on to this august body. "A committee is a group of the unwilling, appointed by the uninformed, to do the unnecessary." It makes one wonder if that isn't what we are doing!

Respectfully submitted,
PAGE C. JETT, M.D., *Chairman*
MORRIS F. BIRELY, M.D.
ARTHUR T. BRICE, M.D.
THOMAS A. CHRISTENSEN, M.D.
P. E. COX, M.D.
LOUIS H. DOUGLASS, M.D.
JOHN FAWSETT, M.D.
J. STANLEY GRABILL, M.D.
JOHN H. GRIFFIN, M.D.
JAMES W. MEADE, JR., M.D.
HAROLD B. PLUMMER, M.D.
ERNEST S. POOLE, M.D.
PERRY F. PRATHER, M.D.
WALTER H. SHEALY, M.D.
H. J. SLUSHER, M.D.
M. H. SPRECHER, M.D.

SCIENTIFIC SPEAKERS BUREAU

Mr. President and Members of the House of Delegates:

This is the second report of the Scientific Speakers Bureau, and it was not necessary this year to revise the booklet which contains the names of available speakers and topics. Each Component Medical Society has a copy of this information and this Bureau is glad to supply speakers for medical meetings.

Twelve members have accepted invitations to speak before the Component Medical Societies and the Woman's Medical Society this year. Again, I would like to emphasize that it is imperative that those requesting speakers make application at least four weeks in advance. Every effort will be made to obtain the speaker requested, although we continue to ask that three choices be listed.

Our appreciation is extended to those who have cooperated and accepted invitations to address the various associations. It is only through the sacrifice on the part of those who give

up their time to make these addresses that the Scientific Speakers Bureau can function satisfactorily.

Respectfully submitted,
BEVERLEY C. COMPTON, M.D., *Chairman*
ALAN M. CHESNEY, M.D.
I. RIDGEWAY TRIMBLE, M.D.
THEODORE E. WOODWARD, M.D.
H. BOYD WYLIE, M.D.

ADVISORY COMMITTEE TO THE STATE HEALTH DEPARTMENT

Mr. President and Members of the House of Delegates:

The Committee held a meeting on February 25th, 1953, with representatives from the State Department of Health to discuss a proposal which the Department is considering at the present time but does not intend to put into effect unless the Faculty approves it. Members of the Committee present at the meeting were: Drs. Chesney, McCeney, Pincoffs, Wise, Yeager and Zimmerman. Absent: Drs. Knotts and Williams. Representing the State Department of Health were: Dr. Riley, Director, Dr. Prather, Deputy Director, and Mr. Robert Brown, Director of the Bureau of Environmental Hygiene.

The Department of Health is considering the establishment of a "Program on Home Accident Prevention" under the supervision of its Bureau of Environmental Hygiene, but before actually embarking upon it would like to carry out in the counties of Maryland a preliminary survey to determine the factors involved in fatal accidents other than those which have an industrial or traffic origin. It was pointed out that such a survey would necessitate visits by trained investigators in the employ of the Health Department to families in which such accidents had occurred. Such visits would take place between two and six weeks after the accident, according to present plans.

After a full discussion of the matter the Committee voted to approve in principle a survey by the State Department of Health along the lines indicated. The Committee was unanimously of the opinion that in each instance the approach by the Health Department investigator should be first to the physician of the family concerned and, depending upon his advice, to the family later.

The Committee therefore recommends to the House of Delegates that the proposed survey by the Department of Health of fatal accidents (other than industrial and traffic) in the counties of Maryland be approved, with the qualification that the approach to the family in each instance should be through the family physician.

Respectfully submitted,
ALAN M. CHESNEY, M.D., *Chairman*
MAURICE C. PINCOFFS, M.D.
WALTER D. WISE, M.D.
GEORGE H. YEAGER, M.D.
E. PAUL KNOTTS, M.D.
ROBERT S. MCCENEY, M.D.
CHARLES H. WILLIAMS, M.D.

COMMITTEE TO ADVISE THE STATE ACCIDENT FUND

Mr. President and Members of the House of Delegates:

The Advisory Committee to the State Accident Fund had its first meeting July 23, 1952. At this time its Chairman reported that he had been requested by the Secretary, Mr. Richard K. Coggins to review the records of two industrial accident claims in Prince George's County. This review was made by the Chairman at Prince George's County General Hospital on July 17, 1952. At this time the Chairman found considerable discrepancies in professional fees, not only in these specific cases, but in others as well.

About November 1952 your Chairman met with the Board of the State Accident Fund, after reviewing about 200 histories of reported accidents, treatments, and fees charged. The results of these investigations were reported to your Committee at a meeting December 16, 1952, and a recommendation was made that a part time paid Medical Advisor to the Accident Fund be appointed, to review, and recommend the action of this Board concerning questionable professional charges, and what appeared to be prolonged absenteeism by claimants, out of proportion to their apparent injuries. This recommendation was presented to the State Accident Fund Board by your Chairman, and was accepted by the Board. They then requested that the Committee to Advise the State Accident Fund recommend a suitable person for this position.

At the July meeting of the Committee to Advise the State Accident Fund at the Medical and Chirurgical Faculty building, after careful consideration, it was felt that the proper person for this position should be one experienced with Industrial Surgery, and with Occupational Diseases.

Your Chairman had received a telephone communication from a physician requesting that he be given consideration for this position. He was requested to submit his application in writing, stating his qualifications, and this he did. Though he was a well qualified physician, his records did not show that he ever had any particular training, or experience with Industrial Accidents or Industrial Diseases; therefore this Committee did not give him any consideration. Another name was presented by a member of the Committee. This physician was well qualified in every way, having had a large industrial experience, as well as an acquaintance with industrial diseases. His qualifications were so outstanding that no other person was considered. This physician was approached, and stated that he would accept the position if appointed.

Your Chairman personally presented this recommendation to the State Accident Fund Board. Much to his surprise, a member of this Board took serious objection to this appointment stating that he had personally interviewed the applicant who had telephoned your Chairman, and would be very much embarrassed if he were not appointed. Your Chairman stated that his Committee could only make recommendations, and had no intentions of interfering with any of the prerogatives of the State Accident Fund. It is understood, at a later date the physician of their choice had been appointed.

Under these circumstances, your Chairman does not believe

that this Committee is of any value to the State Accident Fund, and feels that it should be discontinued.

Respectfully submitted,
CHARLES W. MAXSON, M.D., *Chairman*
WILLIAM J. COLEMAN, M.D.
GEORGE O. EATON, M.D.
WILLIAM R. GERAGHTY, M.D.
DONALD B. GROVE, M.D.
HOWARD M. KERN, M.D.
JAMES W. NELSON, M.D.
EDWARD P. THOMAS, M.D.

TUBERCULOSIS COMMITTEE

Mr. President and Members of the House of Delegates:

The Tuberculosis Committee of the Medical and Chirurgical Faculty of Maryland met on March 13th, 1953, at which time numerous problems associated with the care of tuberculous patients in the State of Maryland were discussed.

The Committee is pleased to report that since last year, the State Authorities, under the direction of Dr. Hetherington, have been able to discharge patients from the hospitals somewhat sooner than usual and have continued treatment while the patients are at home. The treatment consists mainly of the use of the new anti-tuberculosis drugs.

The City of Baltimore, under the direction of Dr. Silverman, has continued with their policy of treating patients both before and after hospitalization, with which this Committee certainly agrees.

There has been some improvement as regards the waiting lists for admission to the sanatoriums, but not as much as was expected one year ago. As of March 16th, 1953, there were 304 patients, both colored and white, waiting to enter a sanatorium.

While full operation will not be attained for some time because of inadequate staffing and personnel, it is felt that the opening of the new hospital at Mt. Wilson and the new building at the Baltimore City Hospitals will help immeasurably to alleviate the pressing situation.

All of the sanatoria in Maryland are engaged in testing the various anti-tuberculosis drugs, singly and in combination. No definitive report is available as yet, however. There can be no question, however, that the new drugs are playing a big part in the modern treatment of tuberculosis.

I thank the members of this Committee for their cooperation in preparing the above report.

Respectfully submitted,
LAWRENCE M. SERRA, M.D., *Chairman*
EDMUND G. BEACHAM, M.D.
OTTO C. BRANTIGAN, M.D.
LEON HETHERINGTON, M.D.
H. VERNON LANGELUTTIG, M.D.
ISADORE LYON, M.D.
JOHN E. MILLER, M.D.
HUGH G. WHITEHEAD, JR., M.D.
SAMUEL WOLMAN, M.D.

ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

No report.

SAMUEL MCLANAHAN, M.D., *Chairman;* DRS. W. K. DIEHL, W. D. NOBLE.

REPORT FOR THE BOARD OF TRUSTEES OF MARYLAND MEDICAL SERVICE, INC.

Mr. President and Members of the House of Delegates:

Maryland's Blue Shield Plan has come a long way in its two brief years of existence. It now serves 197,000 Marylanders, 37,000 more than at the end of 1951. Our enrollment gain for 1952 under the standard program was 50 per cent, and nearly half of this gain came after September 1, when changes in the fee schedule and subscription rates materially improved the attractiveness of the Plan. The Plan's income in 1952 went over the million dollar mark and of this amount, 83.6% was paid in benefits to subscribers. Compared with the early record of Blue Cross—a remarkable story of progress in itself—our growth has been steady and healthy, and a certain amount of optimism seems justified.

Despite its successful progress, Blue Shield still has far to go to meet its basic obligation—an adequate and effective means of financing physicians services for as many persons in the community as possible, at a price they can afford to pay.

Let us analyze this objective. Is the protection adequate? It seems as nearly so as we can make it right now, although in time we will probably wish to broaden it. Last year we paid benefits to about one in every ten persons enrolled. Of these cases, under our own Plan (excluding the special surgical program for Bethlehem Steel employees) 60% of the cases involved surgery, 31% were medical, and the remaining 9%, obstetrical. These figures show the importance of our medical coverage, which is not always available elsewhere under Blue Shield, or commercial insurance programs.

Is the price one the great majority can afford to pay? Apparently it is, judging from our own experience and that of Blue Shield Plans in other areas. Whether it could be increased in order to broaden benefits is a question that must some day be studied.

But what of our objective to make Blue Shield available to as many persons as possible? Here we have only scratched the surface of our potential market. We have enrolled only 22% of the Blue Cross membership. A tremendous selling job remains to be done, and this is not easy, since we find that in the majority of large groups we have to replace an existing commercial coverage taken out in the years before Blue Shield was in existence.

One of the most important features of Blue Shield—one that could and should be the most important—is the service benefit feature whereunder participating physicians agree to make no additional charge for covered services to individuals and families with annual incomes less than the pre-established amounts.

This is the one factor that distinguishes Blue Shield from commercial health insurance.

To persons in the lower income brackets, this service benefit feature means full protection against unexpected medical bills. They get the best medical care, and are able to budget for it in advance through membership in Blue Shield.

In agreeing to provide services at pre-determined fees to persons in the lower income brackets, the physician is not deviating from the established practice of charging patients according to their ability to pay. At the same time he is providing real service to the community.

The phenomenal growth of Blue Shield—24 million members nationally—has been one of the chief factors (along with the growth of Blue Cross) in persuading the proponents of Federal compulsory health insurance that the provision and financing of medical care for the self-supporting population can be achieved on a voluntary basis.

Blue Shield is our creation. It is controlled here and elsewhere by the medical profession. We collect the money and undertake to provide the services of qualified physicians, which is right and proper since our interest is paramount. But with our control goes responsibility, and with responsibility goes opportunity. If any other agency, in or out of Government, undertook to provide the public with professional services, we would lose control of medical practice.

The continued success of Blue Shield will depend entirely upon the degree of our voluntary cooperation and participation. Hence, we must endorse Blue Shield to our patients and friends. By so doing we will bring the program closer to its objective—an adequate and effective means of financing medical care for as many persons as possible at a price they can afford to pay—and we will have rendered a real service to our patients, to the community, and to ourselves.

Respectfully submitted,

HUGH J. JEWETT, M.D., *President*

* * * * *

CONFERENCE FOR INDUSTRIAL PHYSICIANS AND NURSES

Rheumatic Disorders in Industry—Techniques for Keeping Arthritics Employable

TUESDAY, SEPTEMBER 22, 1953—8:00 P.M. to 10:30 P.M.

Medical and Chirurgical Faculty Building, 1211 Cathedral Street, Baltimore

Under the co-sponsorship of the Maryland Chapter of the Arthritis and Rheumatism Foundation and the Committee of Industrial Health of the Medical and Chirurgical Faculty, a Conference on Rheumatic Disorders in Industry will be held in the auditorium of the Medical and Chirurgical Faculty on the evening of Tuesday, September 22nd from 8:00 to 10:30 P.M.

The conference, to which all Industrial Physicians and Industrial Nurses in Maryland are invited, will center around techniques for keeping arthritis patients employable.

Arrangements for this conference are under the direction of Dr. Charles Wainwright and Dr. D. W. Saunders, who are serving as co-chairmen. In addition to Dr. Saunders and Dr. Wainwright, the program committee consists of Dr. Nathan B. Herman, Dr. Walter E. Fleisher and Dr. Leon E. Kochman.

The program will consist of three one-half hour talks by Dr. Joseph B. Bunim, Director of Arthritis Research at the National Institute of Health, Dr. Charles S. Wise, Professor of Physical Medicine at the George Washington School of Medicine, and Dr. Wainwright. Dr. Bunim will outline the problem caused by Arthritis within industry. Dr. Wise will discuss means of keeping Arthritics employable, and Dr. Wainwright will explain in what ways the Maryland Chapter of the Arthritis and Rheumatism Foundation can best cooperate with industry.

These three talks will be scheduled to run from 8:00 P.M. to 9:45 P.M., and from 10:00 P.M. to 10:30 P.M. will be reserved for questions and answers.

Each year industry suffers a tremendous loss of man hours due to Arthritis and Rheumatism. According to studies, approximately 800,000 factory workers are afflicted with Rheumatic diseases; skilled craftsmen in industry run a close second, with an estimated 575,000; and those engaged in the sales end of industry suffering from the Rheumatic diseases number almost 200,000.

Much of this drain upon industry is avoidable. It is believed that about 70% of the crippling effects of Arthritis can be prevented if diagnosed early and treated properly.

Mr. Willard G. Rouse, Assistant Treasurer of the Mathieson Chemical Company, is President of the Maryland Chapter of the Arthritis and Rheumatism Foundation. Dr. Harry F. Klinefelter, Jr., is Vice President and Chairman of the Medical and Scientific Committee. Mr. D. C. W. Ward, Jr., Vice President of the Union Trust Company is serving as the Chapter's Secretary and Mr. Walter N. Kirkman, Executive Director of the Medical and Chirurgical Faculty is Secretary. Mrs. Noble C. Powell is Chairman of the Women's Committee. Dr. Nathan B. Herman is Chairman of the Faculty's Committee on Industrial Health.

Headquarters of the Arthritis and Rheumatism Foundation are in Room 1116 of the Fidelity Building, Baltimore 1. The telephone number is LE. 9-8502. The Chapter will welcome all requests for information and all suggestions as to how it may best serve the Medical Profession and those suffering from Arthritis.

* * * * *

OFFICERS, PERSONNEL OF COMMITTEES, ETC.[1]

Reprinted from the Annual Meeting Program for 1953

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

OFFICERS

President—Maurice C. Pincoffs, Baltimore
Vice-Presidents—George O. Eaton, Baltimore; Osborne D. Christensen, Salisbury; William F. Williams, Cumberland
Treasurer—J. Albert Chatard, Baltimore
Secretary—George H. Yeager, Baltimore
Assistant Secretary—Everett S. Diggs, Baltimore

COUNCILORS[2]

	Term Expires
C. Reid Edwards, *Chairman*, Baltimore	1953
E. Cowles Andrus, *Vice-Chairman*, Baltimore	1954
O. H. Binkley, Hagerstown	1953
James T. Marsh, Westminster	1953
W. O. McLane, Frostburg	1953
Thomas A. Christensen, College Park	1954
Monte Edwards, Baltimore	1954
Warfield M. Firor, Baltimore	1954
Whitmer B. Firor, Baltimore	1954
William D. Noble, Easton	1954
Palmer F. C. Williams, Pikesville	1954
Charles R. Austrian, Baltimore	1955
Hugh J. Jewett, Baltimore	1955
William B. Long, Salisbury	1955
Walter D. Wise, Baltimore	1955
Maurice C. Pincoffs, *President*, Baltimore	1953
J. Albert Chatard, *Treasurer*, Baltimore	1953
George H. Yeager, *Secretary*, Baltimore	1953
Everett S. Diggs, *Assistant Secretary*, Baltimore	1953
Alan M. Chesney, *Past President*, Baltimore	1953
President-elect	1953
Louis Krause, *Chairman of Library Committee*, Baltimore	1955
John W. Parsons, *A.M.A. Delegate*, Baltimore	1953
Warde B. Allen, *A.M.A. Delegate*, Baltimore	1954

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

	Term Expires
Delegate—John W. Parsons, Baltimore; *Alternate*, Benjamin S. Rich, Baltimore	1953
Delegate—Warde B. Allan, Baltimore; *Alternate*, Louis H. Douglass, Baltimore	1954

MEMBERS OF THE BOARD OF MEDICAL EXAMINERS

	Term Expires
Erasmus H. Kloman, *President*, Baltimore	1955
Lewis P. Gundry, *Secretary-Treasurer*, Baltimore	1954
Henry T. Collenberg, Baltimore	1953
E. Paul Knotts, Denton	1953
Edward P. Thomas, Frederick	1954
John H. Hornbaker, Hagerstown	1955
John E. Legge, Baltimore	1956
Edward M. Hanrahan, Baltimore (deceased)	1956

ELECTED COMMITTEES

Committee on Scientific Work and Arrangements

Beverley C. Compton, *Chairman*, Baltimore
William L. Garlick, Baltimore
Edwin H. Stewart, Jr., Baltimore

Library Committee

	Term Expires
Louis Krause, *Chairman*, Baltimore	1955
Samuel Wolman, Baltimore	1953
John T. King, Baltimore	1954
A. Austin Pearre, Frederick	1956
William K. Diehl, Baltimore	1957
Joseph C. Biddix, Jr., D.D.S., Baltimore	

Finney Fund Committee

	Term Expires
Douglas H. Stone, *Senior Member*, Baltimore	1953
Henry M. Thomas, Baltimore	1954
John M. T. Finney, Jr., Baltimore	1955
Louis P. Hamburger, Baltimore	1956
I. Ridgeway Trimble, Baltimore	1957

COMMITTEES—AS PROVIDED IN THE CONSTITUTION AND BY-LAWS

Executive Committee of the Council

(Chairman of the Council, President, Secretary and Treasurer.)
C. Reid Edwards, *Chairman of Council*, Baltimore
Maurice C. Pincoffs, *President*, Baltimore
George H. Yeager, *Secretary*, Baltimore
J. Albert Chatard, *Treasurer*, Baltimore

[1] For Presidential appointments of Committees, made by Dr. Maurice C. Pincoffs for 1953, see pages 117–119, Maryland State Medical Journal, Vol. 2, No. 3, March 1953.

[2] Council meets on the first Tuesday of February, April, June, October and December. Special meetings may be called.

The House Committee

(Executive Committee plus the Chairman of the Library Committee.)
C. REID EDWARDS, *Chairman of Council*, Baltimore
MAURICE C. PINCOFFS, *President*, Baltimore
GEORGE H. YEAGER, *Secretary*, Baltimore
J. ALBERT CHATARD, *Treasurer*, Baltimore
LOUIS KRAUSE, *Chairman Library Committee*, Baltimore

Finance Committee

(Five members, namely, the Chairman of the Council, the Treasurer, the Secretary, and two members of the Faculty appointed by the Chairman of the Council.)
C. REID EDWARDS, *Chairman of Council*, Baltimore
J. ALBERT CHATARD, *Treasurer*, Baltimore
GEORGE H. YEAGER, *Secretary*, Baltimore
CHARLES R. AUSTRIAN, Baltimore
R. WALTER GRAHAM, JR., Baltimore

Professional Conduct Committee

(Five immediate Past Presidents and Chairman of the Council, with the Senior Past President as Chairman.)
CHARLES W. MAXSON, Past President (1948), *Chairman*, Baltimore
ALAN M. CHESNEY, Past President (1952), Baltimore
WALTER D. WISE, Past President (1951), Baltimore
A. AUSTIN PEARRE, Past President (1950), Frederick
W. HOUSTON TOULSON, Past President (1949), Baltimore
C. REID EDWARDS, *Chairman of Council*, Baltimore
MAURICE C. PINCOFFS, *ex officio*, Baltimore
J. ALBERT CHATARD, *ex officio*, Baltimore
GEORGE H. YEAGER, *ex officio*, Baltimore

Resolutions Committee

(Five members to be appointed annually by the President of the Medical and Chirurgical Faculty, who shall also designate the Chairman.)
WILLIAM D. NOBLE, *Chairman*, Easton
CHARLES R. AUSTRIAN, Baltimore
ROBERT V. CAMPBELL, Hagerstown
F. FORD LOKER, Baltimore
M. C. PORTERFIELD, Hampstead

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Specially Appointed
Medical Advisory Committee to Selective Service
R. WALTER GRAHAM, JR., *Chairman*, Baltimore

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SPECIAL COMMITTEES REPORTING TO THE HOUSE OF DELEGATES

Committee for Better Distribution of Doctors Throughout the State

ALLEN F. VOSHELL, *Chairman*, Baltimore
E. I. BAUMGARTNER, Oakland
A. M. FRANCE, Parkton
I. RIVERS HANSON, Salisbury
RICHARD T. SHACKELFORD, Baltimore

Committee to Study an Insurance Problem

WILLIAM L. GARLICK, *Chairman*, Baltimore
JOHN W. PARSONS, Baltimore
ALEXANDER J. SCHAFFER, Baltimore

Committee for the Study of Certain Phases of Medical Economics

WALDO B. MOYERS, *Chairman*, Mt. Rainier
WOLCOTT L. ETIENNE, College Park
HOUSTON S. EVERETT, Baltimore
THOMAS K. GALVIN, Baltimore
FRANK J. OTENASEK, Baltimore

Committee to Study Legislative and Professional Standards and Staff Relations of Hospitals

ROSS Z. PIERPONT, *Chairman*, Baltimore
ERNEST I. CORNBROOKS, JR., Baltimore
RUSSELL A. NELSON, Baltimore
MERRELL L. STOUT, Baltimore
WILLIAM H. F. WARTHEN, Towson

OFFICERS AND DELEGATES OF COMPONENT MEDICAL SOCIETIES

ALLEGANY-GARRETT COUNTY. *President*, W. Royce Hodges, Cumberland; *Vice-President*, W. O. McLane, Jr., Frostburg; *Secretary*, R. Rhett Rathbone, Cumberland; *Treasurer*, Leland B. Ranson, Cumberland; *Delegates*, Emmett L. Jones, Jr., Cumberland; James T. Johnson, Jr., Cumberland; *Alternate*, Clay E. Durrett, Cumberland; Donald B. Grove, Cumberland. *Journal Representative*, Leslie E. Daugherty, Cumberland. *Meetings*, Third Friday each month, Ali Ghan Shrine Club.

ANNE ARUNDEL COUNTY. *President*, J. Oliver Purvis, Annapolis; *Vice-President*, William J. French, Annapolis; *Secretary-Treasurer*, J. Howard Beard, Annapolis; *Delegate*, Bowie L. Grant, Shadyside; *Alternate*, William N. Thomas, Jr., Annapolis. *Journal Representative*, George C. Basil, Annapolis. *Meetings*, January, April, July and October.

BALTIMORE COUNTY. *President*, Charles F. O'Donnell, Baltimore; *Vice-President*, Martin Strobel, Baltimore; *Secretary-Treasurer*, Thomas E. Wheeler, Randallstown; *Delegates*, David H. Andrew, Baltimore; James G. Howell, Catonsville; Melvin B. Davis, Dundalk; *Alternates*, Louis Z. Dalmau, Pikesville; Harry G. Butler, Owings Mills; Wilmer K. Gallager, Catonsville. *Journal Representative*, Donald L. Somerville, Towson. *Meetings*, Third Wednesday of each month.

BALTIMORE CITY. *President*, Wetherbee Fort; *Vice-President*, Lewis P. Gundry; *Secretary*, Edward F. Cotter; *Treasurer*, Robert C. Kimberly. *Journal Representative*, Conrad Acton. 1952–1953: *Delegates*, Helen Bowie, Ferdinand E. Chatard, IV, William E. Gilmore, Robert F. Healy, James R. Karns, J. H. Mason Knox III, Franklin E. Leslie, Hugh B. Mc-

Nally, W. Kenneth Mansfield, H. William Primakoff, W. H. Townshend, Jr. *Alternates*, I. William Nachlas, Douglas H. Stone, Herbert E. Wilgis, Cecil H. Bagley, Webster H. Brown, Katherine H. Borkovich, Joseph Gordon Bird, Walter S. Niblett, Nathan E. Needle, Lester A. Wall, Jr., Daniel J. Pessagno. 1953: *Delegates*, Bernard J. Cohen, Palmer H. Futcher. *Alternates*, James N. McCosh, John Newell Classen. 1953–1954: *Delegates*, Conrad Acton, John S. Fenby, Wilson Grubb, John M. Haws, Harry F. Klinefelter, Jr., Zachariah R. Morgan, Edmund R. Novak, Thomas R. O'Rourk, Frank J. Otenasek, Ross Z. Pierpont, John E. Savage, Richard T. Shackelford, W. Kennedy Waller, Theodore E. Woodward. *Alternates*, M. Paul Byerly, Charles R. Goldsborough, Raymond E. Lenhard, Edwin B. Jarrett, D. C. MacLaughlin, James W. Nelson, John M. Scott, Mary L. Hayleck, Otto C. Brantigan, Carleton C. Douglass, George W. Murgatroyd, Jr., Edward F. Lewison, J. Brooke Boyle, Jr., Howard M. Bubert. *Meetings*, Third Friday of each month, October through April.

CALVERT COUNTY. *President*, Hugh W. Ward, Owings; *Vice-President*, George J. Weems, Huntingtown; *Secretary-Treasurer*, Page C. Jett, Prince Frederick; *Delegate*, George J. Weems, Huntingtown; *Alternate*, Robert de Villarreal, Prince Frederick. *Journal Representative*, Page C. Jett, Prince Frederick. *Meetings*, First Tuesday in December to elect Officers, other meetings on call.

CAROLINE COUNTY. *President*, Charles H. Winnacott, Ridgely; *Vice-President*, Robert Wright, Greensboro; *Secretary-Treasurer*, Edwin G. Riley, Denton; *Delegate*, Dawson O. George, Denton; *Alternate*, H. Fletcher Silver, Goldsboro. *Journal Representative*, Robert Wright, Greensboro. *Meetings*, On call, also meet with Upper Eastern Shore Medical Association.

CARROLL COUNTY. *President*, Merritt Robertson, New Windsor; *Vice-President*, William Culwell, Mt. Airy; *Secretary-Treasurer*, W. H. Foard, Manchester; *Delegate*, M. C. Porterfield, Hampstead; *Alternate*, Robert E. Gardner, Sykesville. *Journal Representative*, W. H. Foard, Manchester. *Meetings*, Third Wednesday of every other month, except July and August.

CECIL COUNTY, *President*, S. Ralph Andrews, Elkton; *Vice-President*, John M. Byers, Elkton; *Secretary-Treasurer*, Richard C. Dodson, Rising Sun; *Delegate*, Richard C. Dodson, Rising Sun; *Alternate*, George J. Kreis, Jr., Elkton. *Journal Representative*, Richard C. Dodson, Rising Sun. *Meetings.*—

CHARLES COUNTY. *President*, James E. Andrews, Indian Head; *Vice-President*, Edward J. Edelen, La Plata; *Secretary-Treasurer*, J. Parran Jarboe, La Plata; *Delegate*, Arthur O. Wooddy, La Plata; *Alternate*, John H. Griffin, Hughesville. *Journal Representative*, J. Parran Jarboe, La Plata. *Meetings*, Second Thursday of each month, September to June, 8:30 p.m., Jarwood Clinic, La Plata.

DORCHESTER COUNTY. *President*, John Mace, Jr., Cambridge; *Vice-President*, Robert H. Reddick, Cambridge; *Secretary-Treasurer*, Walter B. Johnson, Cambridge; *Delegate*, William H. Hanks, Cambridge; *Alternate*, Frederick A. Miller, Cambridge. *Journal Representative*, Walter B. Johnson, Cambridge. *Meetings*, Third Wednesday of each month.

FREDERICK COUNTY. *President*, James E. Stoner, Jr., Walkersville; *Vice-President*, Bernard O. Thomas, Jr., Frederick; *2nd Vice-President*, Thomas H. Quill, Frederick; *Treasurer*, John M. Culler, Frederick; *Secretary*, Jesse S. Fifer, Frederick; *Delegate*, J. Elmer Harp, Middletown; *Alternate*, Rex R. Martin, Frederick. *Journal Representative*, Jesse S. Fifer, Frederick. *Meetings*, Third Tuesday in every month, except July and August.

HARFORD COUNTY. *President*, Robert Barthel, Forest Hill; *Secretary-Treasurer*, Charles R. Hayman, Bel Air; *Delegate*, Peter P. Rodman, Aberdeen; *Alternate*, Richard C. Norment, III, Havre de Grace. *Journal Representative*, Robert Barthel, Forest Hill. *Meetings*, Third Sunday, every other month.

HOWARD COUNTY.* *President*, George E. Burgtorf, Jr., Ellicott City; *Vice-President*, George E. Groleau, Elkridge; *Secretary-Treasurer*, Theodore R. Shrop, Ellicott City; *Delegate*, Frank E. Shipley, Savage; *Alternate*, B. B. Brumbaugh, Elkridge. *Journal Representative*, Theodore R. Shrop, Ellicott City. *Meetings*, Fourth Friday of every other month, beginning in January.

KENT COUNTY. *President*, A. C. Dick, Chestertown; *Secretary-Treasurer*, O. S. Gulbrandsen, Chestertown; *Delegate*, A. F. Whitsitt, Chestertown; *Alternate*, Robert W. Farr, Chestertown. *Journal Representative*, O. S. Gulbrandsen, Chestertown. *Meetings*, On call.

MONTGOMERY COUNTY. *President*, William S. Murphy, Rockville; *Vice-President*, Austin B. Rohrbaugh, Jr., Chevy Chase; *Secretary*, L. Marshall Cuvillier, Jr., Silver Spring; *Treasurer*, Henry P. Laughlin, Chevy Chase; *Delegates*, Claude W. Mitchell, Silver Spring; William W. Welsh, Rockville; J. W. Bird, Sandy Spring; Read N. Calvert, Silver Spring; *Alternates*, John G. Ball, Bethesda; McKendree Boyer, Damascus; John O. Robben, Silver Spring; Frank A. Zack, Silver Spring. *Journal Representative*, Charles I. Warfield, Silver Spring. *Meetings*, Third Tuesday of each month.

PRINCE GEORGE'S COUNTY. *President*, John M. Warren, Laurel; *Vice-President*, Julius Kauffman, Bladensburg; *Corresponding Secretary*, Richard D. Bauer, Hyattsville; *Recording Secretary*, Hans Wodak, Greenbelt; *Treasurer*, Benjamin S. Miller, Mt. Rainier; *Delegates*, Waldo B. Moyers, Mt. Rainier; Wolcott L. Etienne, College Park; *Alternates*, William Brainin, Capitol Heights; Robert B. Sasscer, Upper Marlboro. *Journal Representative*, John M. Warren, Laurel. *Meetings*, First Tuesday of each month.

QUEEN ANNE'S COUNTY. *President*, Theodor Sattelmaier, Stevensville; *Vice-President*, C. Rodney Layton, Centreville; *Secretary-Treasurer*, Frederick P. Shepherd, Queenstown; *Delegate*, Norman S. Dudley, Church Hill; *Alternate*, W. H. Fisher, Centreville. *Journal Representative*, G. W. Martin, Jr., Queenstown. *Meetings*, November, February and May.

ST. MARY'S COUNTY. *President*, P. J. Bean, Great Mills; *Vice-President*, W. H. Patrick, Lexington Park; *Secretary-Treasurer*, J. Roy Guyther, Mechanicsville; *Delegate*, Alan D. Houser, Leonardtown; *Alternate*, W. D. Boyd, Leonardtown. *Journal Representative*, J. Roy Guyther, Mechanics-

* Hold-over officers.

ville. *Meetings,* Combined meeting with monthly staff meeting of St. Mary's Hospital, first Tuesday of each month.

SOMERSET COUNTY. *President,* C. G. Rawley, Crisfield; *Vice-President,* Robert F. Lewis, Crisfield; *Secretary-Treasurer,* Robert H. Johnson, Princess Anne; *Delegate,* T. B. Whaley, Princess Anne; *Alternate,* George C. Coulbourn, Marion Station. *Journal Representative,* A. N. Barr, Crisfield. *Meetings,* Called.

TALBOT COUNTY. *President,* J. E. Baybutt, Easton; *1st Vice-President,* Kurt Lederer, Queen Anne; *2nd Vice-President,* J. F. Schneider, Easton; *Secretary-Treasurer,* Louis S. Welty, Easton; *Delegate,* D. F. Bartley, Easton; *Alternate,* E. C. H. Schmidt, Easton. *Journal Representative,* Louis S. Welty, Easton. *Meetings,* One regular meeting in December. Meet with Upper Eastern Shore Society (Talbot, Kent, Queen Anne's and Caroline) four times a year, once in each County. October meeting in Talbot County.

WASHINGTON COUNTY. *President,* Ira L. Houghton, Hagerstown; *Vice-President,* Archie R. Cohen, Clear Spring; *Secretary-Treasurer,* Ernest F. Poole, Hagerstown; *Delegate,* R. V. Campbell, Hagerstown; *Alternate,* W. T. Layman, Hagerstown. *Journal Representative,* O. D. Sprecher, Hagerstown. *Meetings,* First Thursday in January, April, July and October.

WICOMICO COUNTY. *President,* David J. Gilmore, Salisbury; *Vice-President,* William C. Morgan, Salisbury; *Secretary-Treasurer,* Wilber R. Ellis, Jr., Salisbury; *Delegate,* Hunter R. Mann, Jr., Salisbury; *Alternate,* Stedman W. Smith, Salisbury. *Journal Representative,* Hunter R. Mann, Jr., Salisbury. *Meetings,* Once a month.

WORCESTER COUNTY. *President,* Norman E. Sartorius, Sr., Pocomoke City; *Vice-President,* Herman A. Robbins, Berlin; *Secretary-Treasurer,* Louis G. Llewelyn, Pocomoke City; *Delegate,* Norman E. Sartorius, Jr., Pocomoke City; *Alternate,* Louis G. Llewelyn, Pocomoke City. *Journal Representative,* Louis G. Llewelyn, Pocomoke City. *Meetings,* Four times a year, January, April, July and October.

PERTINENT INFORMATION FROM ANNUAL MEETING PROGRAM, 1953*

CREATIVE ARTS SHOW

Frick Reading Room, Library Floor

Medical and Chirurgical Faculty Building

This show was arranged and planned under the auspices of a Committee of the Woman's Auxiliary to the Medical and Chirurgical Faculty consisting of Mrs. Beverley C. Compton, *Chairman,* Mrs. Frank R. Smith, Jr., *Co-Chairman,* Mrs. Thomas R. Chambers, Mrs. Everett S. Diggs, Mrs. A. Murray Fisher, Mrs. Marius P. Johnson, Mrs. John W. Parsons, Mrs. Benjamin H. Rutledge, Mrs. Howard C. Smith, and Mrs. I. Ridgeway Trimble.

ENTRIES

Mrs. William R. Amberson, Cockeysville	Oil Paintings
Mrs. John A. Askin, Baltimore	Oil Paintings
Mrs. Charles R. Austrian, Baltimore	Oil Paintings
Dr. Henry T. Bahnson, Baltimore	Wood Carving
Dr. Margaret B. Ballard, Baltimore	Needle Point
Mrs. Clarence I. Benson, Port Deposit	Oil Paintings
Dr. Howard M. Bubert, Baltimore	Photography
Dr. Katharine A. Chapman, Kensington	Embroidery
Mrs. Louis Z. Dalmau, Pikesville	Oil Paintings
Mrs. A. Murray Fisher, Ruxton	Sculpture
Dr. Wetherbee Fort, Baltimore	Walnut Shelf
Mrs. Abraham Genecin, Baltimore	Oil Paintings
Dr. Lyle L. Gordy, Baltimore	Oil Paintings
Mrs. Edward Gordon Grau, Towson	Oil Paintings
Mrs. Joseph B. Gross, Baltimore	Oil Paintings, Wood Carving, and Toleware
Dr. Wilson Grubb, Baltimore	Color Photography
Mrs. William T. Hammond, Easton	Oil Painting, Water Colors, and Needle Point
Dr. Gustav Highstein, Baltimore	Oil Painting and Water Color
Dr. Henry W. D. Holljes, Baltimore	Water Colors
Mrs. Henry W. D. Holljes, Baltimore	Water Colors
Dr. Calvin Hyman, Baltimore	Charcoal and Oil Painting
Faye Marie Johnson, Baltimore (daughter of Dr. Wm. R. Johnson)	Metal Lamp
Dr. Ilse Kamm, Sykesville	Oil Paintings
Dr. K. Kenneth Krulevitz, Baltimore	Water Colors and Oil Painting
Dr. Stanley H. Macht, Hagerstown	Oil Paintings and Model Airplane (gas motor)
Mrs. Donald D. Mark, Baltimore	Charcoal, Oil Painting, and Sculpture
Dr. Donald D. Mark, Baltimore	Photography
Dr. Marcus W. Moore, Sr., Baltimore	Photographs
Mrs. Frederick Musser, Hyattsville	Ceramics
Mrs. Nathan E. Needle, Baltimore	Oil Paintings
Mrs. Willard S. Parson, Baltimore	Ceramics
Mrs. John W. Parsons, Baltimore	Oil Painting
Mrs. J. W. Perkins, Cheverly	Ceramics
Dr. Donald F. Proctor, Baltimore	Wood Carving
Mrs. Donald F. Proctor, Baltimore	Oil Painting and Water Color
Dr. Nathan Schnaper, Baltimore	Sculpture
Dr. Roy O. Scholz, Baltimore	Photography
Mrs. Isadore A. Siegel, Baltimore	Ceramic Bread Dish
Dr. Jerome Snyder, Baltimore	Oil Paintings
Mrs. William Stecher, Burnt Mills Hills	Paintings
Dr. Charles L. Warner, Baltimore	Pastels

* Scientific Program published in Vol. 2, No. 3, March 1953, pages 109–114.

Mrs. William H. F. Warthen, Towson . . Toleware
Mrs. George E. Wells, Jr., Baltimore . . . . . Oil Painting and Pastels
Dr. George E. Wells, Jr., Baltimore . . . Oil Paintings
Mrs. Walter L. Winkenwerder, Glyndon . . . . . Oil Painting

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COMMERCIAL EXHIBITORS

Prominent firms, dealing in books and supplies required by physicians, as listed below, exhibited during the Annual Meeting of the Medical and Chirurgical Faculty.

Our thanks are extended to Hynson, Westcott & Dunning, Inc., who have kindly contributed to our Annual Meeting, although it was not convenient for them to exhibit.

We wish to express our appreciation to the Coca-Cola Bottling Company of Baltimore and the Seven-Up Bottling Company of Baltimore for the serving of free Coca-Cola and Seven-Up to those attending the Meeting.

1. A. S. Aloe Company
2. Ayerst, McKenna & Harrison Limited
3. Beech-Nut Packing Company
4. A. J. Buck & Son
5. Coca-Cola Bottling Company of Baltimore
6. Herbert Cox—Correct Shoes
7. Desitin Chemical Company
8. The Doho Chemical Corporation
9. Graymar Company
10. Caroline deFord Hinrichs
11. Irwin, Neisler & Company
12. Kloman Instrument Company, Inc.
13. The Liebel-Flarsheim Company
14. Eli Lilly & Company
15. Massachusetts Indemnity Insurance Company
16. Mead Johnson & Company
17. Murray-Baumgartner Surgical Instrument Company, Inc.
18. Nepera Chemical Company, Inc.
19. Niagara Health Equipment Company
20. Ortho Pharmaceutical Corporation
21. Parke, Davis & Company
22. Charles Pfizer & Company, Inc.
23. William P. Poythress & Company, Inc.
24. A. H. Robins Company, Inc.
25. W. B. Saunders Company
26. G. D. Searle & Company
27. Seven-Up Bottling Company of Baltimore
28. Similac Division, M & R Laboratories
29. Raymond K. Tongue Company, Inc. (Commercial Insurance Company)
30. The Upjohn Company
31. U. S. Vitamin Corporation
32. Walker Laboratories, Inc.
33. The Williams & Wilkins Company

SUBCOMMITTEE ON EXHIBITS

EDWIN H. STEWART, JR., M.D., *Chairman*, Baltimore
MICHAEL I. O'CONNOR, Baltimore
JOHN A. STREVIG, PHAR.D., Baltimore

* * * * *

AUTOPSY LAW NOW IN EFFECT

New Addition to Maryland Code Clarifies Permission for Autopsy

At the suggestion of the Maryland Society of Pathologists, Inc., and with the efforts of State Senators John Grason Turnbull (Democrat, Baltimore County) and Omar D. Crothers (Democrat, Cecil, and Chairman of the Judicial Proceedings Committee of the Maryland State Senate) a bill which might be entitled The Maryland Autopsy Bill was recently signed into law by Governor McKeldin, becoming effective on June 1, 1953. This new law clarifies and defines several different issues which have at times in the past caused considerable difficulty for hospital administrators, members of the intern and resident staffs, and hospital pathologists. In brief, the law defines the type of voluntary permission and specifically defines those who may grant permission for postmortem examination. Furthermore, in the event of the absence of certain next-of-kin, the law defines the person who may grant permission. Contained in the statute also are provisions for permission when more than one next-of-kin is concerned. Exact wording of the new law is published below.

"Enacted by the General Assembly of Maryland—1953 Session To Become Section 147A of Article 43 of the Annotated Code of Maryland to be Effective June 1, 1953–

147A—Written or telegraphic consent for a Doctor of Medicine to conduct a post mortem examination of the body of a deceased person shall be deemed sufficient when given by whichever one of the following assumes custody of the body for purposes of burial: father, mother, husband, wife, child, guardian, next-of-kin, or in absence of any of the foregoing, a person who assumes the duty of legal disposal of the body, consent of one of them shall be deemed sufficient."

The Maryland Society of Pathologists, Inc., through its president, Dr. Russell S. Fisher, has undertaken to circularize all pathologists and hospital administrators, sending them ample supplies of copies of the new law. Physicians interested in securing copies of this new law may obtain them through Dr. Russell S. Fisher, 700 Fleet Street, Baltimore 2, Maryland.

STATE OF MARYLAND DEPARTMENT OF HEALTH
MONTHLY COMMUNICABLE DISEASE REPORT

Case Reports Received during 4-week Period, July 3–30, 1953

	CHICKENPOX	DIPHTHERIA	GERMAN MEASLES	HEPATITIS, INFECT.	MEASLES	MENINGITIS, MENINGOCOCCAL	MUMPS	POLIOMYELITIS, PARALYTIC	POLIOMYELITIS, NON PARALYTIC	ROCKY MT. SPOTTED FEVER	STREP. SORE THROAT INCL. SCARLET FEVER	TYPHOID FEVER	UNDULANT FEVER	WHOOPING COUGH	TUBERCULOSIS, RESPIRATORY	SYPHILIS, PRIMARY AND SECONDARY	GONORRHEA	OTHER DISEASES	DEATHS: Influenza and pneumonia
Total, 4 weeks																			
Local areas																			
Baltimore County	2	—	1	2	14	1	34	11	12	1	6	—	—	5	23	—	15	—	9
Anne Arundel	2	—	1	2	—	1	6	1	1	2	1	—	—	1	1	—	4	t-1	1
Howard	—	—	—	—	—	—	2	1	—	—	1	—	—	—	2	—	—	—	—
Harford	1	—	4	4	3	—	3	—	1	—	—	—	—	3	9	—	—	m-1	—
Carroll	—	—	—	1	2	—	3	2	—	—	—	—	—	—	1	—	1	—	2
Frederick	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	2
Washington	—	—	—	—	1	—	1	1	—	—	1	—	—	—	2	—	3	—	—
Allegany	—	—	—	2	3	—	—	—	—	—	1	1	—	—	24	—	1	—	1
Garrett	—	—	—	2	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—
Montgomery	2	—	—	3	7	1	29	15	12	1	—	—	1	1	8	—	4	—	2
Pr. George's	1	—	4	2	5	—	15	2	4	—	—	—	—	—	7	—	1	—	2
Calvert	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—
Charles	—	—	—	—	—	—	1	—	2	—	—	1	—	—	1	—	1	—	—
Saint Mary's	—	—	—	3	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—
Cecil	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	5	—	1
Kent	1	—	—	—	3	—	5	—	—	—	—	—	—	—	—	—	2	—	—
Queen Anne's	—	—	—	—	4	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Caroline	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—
Talbot	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	7	—	—
Dorchester	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	—	18	—	—
Wicomico	—	—	—	1	2	—	3	—	—	—	—	—	—	1	1	—	6	—	1
Worcester	—	—	—	—	1	—	—	—	—	—	—	—	—	10	3	3	1	—	1
Somerset	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Total Counties	9	0	10	22	45	3	105	35	33	6	10	2	2	21	96	3	76		23
Baltimore City	16	0	5	11	44	0	127	13	13	2	15	0	0	30	88	8	552	c-2	18
State																			
July 3–30, 1953	25	0	15	33	89	3	232	48	46	8	25	2	2	51	184	11	628		41
Same period 1952	88	0	25	15	102	5	72	12	3	8	10	3	0	10	220	14	645		35
5-year median	75	4	23	—	186	2	116	23		13	22	4	2	71	223	53	668		23
Cumulative totals																			
State																			
Year 1953 to date	2664	8	1402	301	1426	58	2049	60	48	11	2159	12	8	174	1431	90	4484		501
Same period 1952	2707	7	808	148	9013	65	828	20	3	16	795	12	11	140	1613	100	4020		443
5-year median	2998	52	511	—	3893	56	1511	33		32	844	17	28	442	1657	546	4094		416

c = congenital syphilis under 1 year of age.
m = malaria contracted outside of U. S. A. reported by Aberdeen Proving Grounds.
t = tularemia.

SPECIAL CURRENT NOTICES

DOCTOR DRAFT LAW

Today the President signed Public Law 84, 83rd Congress, extending until July 1, 1955 a revised version of the "Doctor Draft Law."

Hearings were held last month in the House of Representatives and the Senate relative to H. R. 4495, 83rd Congress. A slightly different version of this bill was passed by the two legislative bodies thereby necessitating the appointment of a Conference Committee to resolve the differences between the two bills. The measure, as finally passed by the Congress and as signed by the President, will:

(1) Extend the effective date of the "Doctor Draft Law" until July 1, 1955;

(2) Retain the maximum ages specified in existing law: Registration, age 50; Liability for induction, age 51;

(3) Continue in effect the four priorities established by existing law with the following amendments:

(a) All service performed since September 16, 1940 as an officer or as an enlisted man, with certain exceptions which will be outlined later, will be credited as service. At the present time doctors in priorities 1 and 2 only receive credit for service performed "subsequent" to deferment or participation in a Navy V-12 or Army Specialized Training Program during World War II;

(b) The length of service required to qualify for priority 4 for doctors who were deferred or educated at government expense during World War II is reduced from 21 to 17 months. As a result of this provision a substantial number of doctors will be reclassified from priority 2 to priority 4;

(c) Establish the following new periods of service for men recalled to active duty or inducted pursuant to the "Doctor Draft Law":

Previous Service	*New Period of Duty*
9 months or less	24 months
9 to 12 months	21 "
12 to 15 "	18 "
15 to 21 "	15 "

(d) Removes the liability for induction or recall to active duty, except in time of war or national emergency hereafter declared by Congress, for those men in priority 4 who have had 21 months or more of service since September 16, 1940.

(4) Define "active duty" and "active service" to include:

(a) Full-time duty in the active service of the United States since September 16, 1940 in the Army, Navy, Air Force, Marine Corps, Coast Guard or United States Public Health Service, including reserve components;

(b) Time spent during World War II in work of national importance by conscientious objectors;

(c) Service performed before September 2, 1945 in the Armed Forces of countries which were allies of the United States during World War II; and

(d) Service performed as a physician or dentist by United States citizens employed by the Panama Canal Health Department between September 16, 1940 and September 2, 1945.

(5) Exclude from consideration as "active duty" periods spent in a Navy V-12 or Army Specialized Training Program; in a military internship, residency or senior student program; in military service for the sole purpose of undergoing a physical examination or while engaged in active duty for training entered into after June 29, 1953;

(6) Authorize the appointment of medical officers in grades commensurate with their professional education, experience or ability. This section is intended to provide for uniform treatment with respect

to the ranks of all doctors called to active duty irrespective of whether they had previous military service;

(7) Continue until July 1, 1955 the authority to provide the "Special Pay" of $100 per month for doctors in the Armed Forces. This section also extends the class of persons eligible for such pay to include veterinarians;

(8) Authorize the commissioning of non-citizens of the United States as officers in the Armed Forces;

(9) Terminate automatically, upon completion of 12 months or more of service subsequent to September 9, 1950, the reserve commissions of all physicians taken into service by operation of the "Doctor Draft Law." Upon completion of this same service medical reservists recalled to active duty will be given an opportunity to resign their commission. Such persons, whether registrants or re-servists, shall not be liable thereafter for recall or reinduction except in time of war or national emergency hereafter declared by the Congress;

(10) Reenact the present provisions of law which permit the deferment of those individuals who are essential to the national health, safety and interest;

(11) Authorize the national, state and local medical advisory committees to the Selective Service System, in addition to their present authority, to make recommendations with reference to the deferment of (a) registrants engaged in residency training, (b) those serving on faculties of medical and certain other schools and (c) those engaged in essential laboratory and clinical research;

(12) Extend until July 1, 1955, the authority of the President to recall medical reservists to active duty involuntarily;

(13) Be retroactive in effect. Those men already in uniform who would have benefited from the new changes in the law will, upon filing an application, be eligible for release from service as soon as possible and in no event later than 90 days after the effective date of the Act (June 29, 1953).

In considering the over-all effect of the new law it should be noted that the major changes involve greater recognition of prior military service. The result is that a particular registrant, by being able to take advantage of the various new provisions, may either (a) become exempt from liability for service, (b) be placed in a priority less vulnerable to immediate call, (c) be subject to a reduced term of service, or (d) effect a severance of military status within 90 days upon application or after the completion of his period of service by being either discharged or permitted to resign. These amendments will remove many of the inequities which now exist.

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Baltimore City Medical Society

SECTION ON INTERNAL MEDICINE

Meeting

Medical and Chirurgical Faculty Building

Tuesday, September 29, 1953, 8:30 P.M.

There will be a general discussion, and a cordial invitation is extended to all members who are interested in this Section.

Francis W. Gluck, M.D. *Chairman*

Ernest C. Brown, Jr., M.D. *Secretary*

Semiannual Meeting

NATIONAL INSTITUTES OF HEALTH, BETHESDA, MONTGOMERY COUNTY

TUESDAY, OCTOBER 6, 1953

BUSINESS SESSIONS—Council, 9:00 A.M.—House of Delegates, 9:30 A.M.

SCIENTIFIC SEMINARS—11:00 A.M.

LUNCHEON—12:45 P.M.

GENERAL MEETING—2:00 P.M. There will be a historical address by Dr. Jacob W. Bird, Sandy Spring, and a scientific paper by Dr. Leonard A. Scheele, Surgeon General, Department of Health, Education and Welfare, U. S. Public Health Service, Washington, D. C.

TOURS—Homes or National Health Institutes, 3:30 P.M.

WOMAN'S AUXILIARY MEETING—9:30 A.M. to 12:00 Noon.